

FORM
5Rev
12/20

State of Colorado

Energy & Carbon Management Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

403988702

Date Received:

DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and/or cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type ☐ Final completion ☒ Preliminary completion

ECMC Operator Number: 10791

Contact Name: Igor Gendelman

Name of Operator: WAVETECH HELIUM INC

Phone: (720) 2807415

Address: 1801 BROADWAY SUITE 600

Fax:

City: DENVER

State: CO

Zip: 80202

Email: igendelman@wavetechenergy.com

API Number 05-017-07821-00

County: CHEYENNE

Well Name: 1 Wavetech Harker Family

Well Number: 31-22

Location: QtrQtr: NWNE

Section: 22

Township: 12S

Range: 43W

Meridian: 6

FNL/FSL

FEL/FWL

Footage at surface: Distance: 789 feet

Direction: FNL

Distance: 2206 feet

Direction: FEL

As Drilled Latitude:

As Drilled Longitude:

GPS Data:

GPS Quality Value:

Type of GPS Quality Value:

Date of Measurement:

FNL/FSL

FEL/FWL

** If directional footage at Top of Prod. Zone

Dist: feet

Direction:

Dist: feet

Direction:

Sec: Twp:

Rng:

FNL/FSL

FEL/FWL

** If directional footage at Bottom Hole

Dist: feet

Direction:

Dist: feet

Direction:

Sec: Twp:

Rng:

Field Name: HARKER RANCH

Field Number: 33557

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 07/06/2024

Date TD: 07/13/2024

Date Casing Set or D&A: 07/14/2024

Rig Release Date: 07/15/2024 Per Rule 308A.b.

Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 5438

TVD**

Plug Back Total Depth MD 5367

TVD**

Elevations GR 4120

KB 4133

Digital Copies of ALL Logs must be Attached



List All Logs Run:

Triple Combo, Porosity, CBL

FLUID VOLUMES USED IN DRILLING OPERATIONS

(Enter "0" if a type of a fluid was not used. Do not leave blank.)

Total Fluids (bbls):

Fresh Water (bbls):

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls):

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Grade	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top	Status
SURF	12+1/4	8+5/8	J-55	24	0	566	310	566	0	CALC
1ST	7+7/8	5+1/2	J-55	15.5	0	5415	648	5415	0	CALC

Bradenhead Pressure Action Threshold 170 psig

This threshold is calculated per Rule 308A.b.(2)G. If this well is located in a bradenhead test area (see Rule 207.b) per an Order of the Commission, it may be subject to a different threshold.

Does the casing centralization comply with Rule 317.g? Yes

If "NO", provide details below.

STAGE/TOP OUT/REMEDIAL CEMENTCement work date: 11/14/2024

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
1 INCH	1ST	33	20	0	33

Details of work:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to ECMC)
	Top	Bottom	DST	Cored	
MORROW V-3	5,193	5,202	NO	NO	
MORROW V-5	5,218	5,230	NO	NO	
MORROW	5,264	5,278	NO	NO	
ST LOUIS	5,300	5,316	NO	NO	

Operator Comments:

All four intervals tested wet. Wavetech is evaluating a recompletion for the Morrow V3 zone. Sundry note for recompletion will be submitted when ready.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Igor GendelmanTitle: VP

Date: _____

Email: igendelman@wavetechenergy.com

ATTACHMENT LIST

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
403988839	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
403988857	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403988980	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403988984	PDF-POROSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)