

FORM
5

Rev
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:

403821396

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: 10763 Contact Name: PETER KONDRAT
Name of Operator: BNL (ENTERPRISE) INC Phone: (970) 759-5370
Address: 6494 S QUEBEC ST Fax:
City: ENGLEWOOD State: CO Zip: 80111 Email: pkondrat@bluestarhelium.com

API Number 05-071-09922-00 County: LAS ANIMAS
Well Name: State 16 SWSE Well Number: 3054
Location: QtrQtr: SWSE Section: 16 Township: 30S Range: 54W Meridian: 6
Footage at surface: Distance: 999 feet Direction: FSL Distance: 2234 feet Direction: FEL
As Drilled Latitude: 37.426965 As Drilled Longitude: -103.465102
GPS Data: GPS Quality Value: 1.7 Type of GPS Quality Value: PDOP Date of Measurement: 06/25/2024
** If directional footage at Top of Prod. Zone Dist: feet Direction: Dist: feet Direction:
** If directional footage at Bottom Hole Dist: feet Direction: Dist: feet Direction:
Field Name: WILDCAT Field Number: 99999
Federal, Indian or State Lease Number: CO-112989

Spud Date: (when the 1st bit hit the dirt) 05/16/2024 Date TD: 05/23/2024 Date Casing Set or D&A: 05/21/2024
Rig Release Date: 05/27/2024 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 1210 TVD** Plug Back Total Depth MD 1210 TVD**
Elevations GR 5506 KB 5502 Digital Copies of ALL Logs must be Attached

List All Logs Run:
CBL, GR, DEN, NEU, MUDLOG

FLUID VOLUMES USED IN DRILLING OPERATIONS
(Enter "0" if a type of a fluid was not used. Do not leave blank.)
Total Fluids (bbls): 338 Fresh Water (bbls): 338
Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 0

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
CONDUCTOR	12+1/4	9+5/8	J-55	36	0	38	30	38	0	VISU
SURF	8+3/4	7	J-55	20	0	1110	235	1110	0	CBL
OPEN HOLE	6+1/8				1110	1210				

Bradenhead Pressure Action Threshold 333 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 CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

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	
ALLUVIUM	0	4	NO	NO	
DAKOTA	4	160	NO	NO	
PURGATOIRE	160	232	NO	NO	
MORRISON	232	609	NO	NO	
ENTRADA	609	865	NO	NO	
BLAINE	865	1,080	NO	NO	
LYONS	1,080	1,210	NO	NO	

Operator Comments:

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

Signed: _____

Print Name: PETER KONDRAT

Title: Chief Operating Officer

Date: _____

Email: pkondrat@bluestarhelium.com

ATTACHMENT LIST

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
403831678	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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>			
403831674	PDF-DUAL INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403831675	PDF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403831677	PDF-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403831683	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403836782	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403896525	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404008170	PDF-MICROLOG	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404008172	LAS-CBL 1ST RUN	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404008173	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Missing log .las file. Remove all directional information, as this is a vertical well. Input slight correction to SHL footage to reflect new well location plat. Returned to draft.	08/14/2024

Total: 1 comment(s)