

FORM  
5Rev  
12/20

## State of Colorado

## Energy &amp; Carbon Management Commission

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



Document Number:

403593416

Date Received:

07/03/2024

## 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: 10797

Contact Name: Wesley Marshall

Name of Operator: DESERT EAGLE OPERATING LLC

Phone: (214) 886-5098

Address: 17330 PRESTON RD STE 200D-208

Fax:

City: DALLAS

State: TX

Zip: 75252

Email: wmarshall@prohelium.com

API Number 05-071-09929-00

County: LAS ANIMAS

Well Name: Red Rocks

Well Number: 35-11

Location: QtrQtr: SENW

Section: 35

Township: 29S

Range: 55W

Meridian: 6

FNL/FSL

FEL/FWL

Footage at surface: Distance: 2367 feet

Direction: FNL

Distance: 1566 feet

Direction: FWL

As Drilled Latitude: 37.475295

As Drilled Longitude: -103.546960

GPS Data: GPS Quality Value: 1.1

Type of GPS Quality Value: PDOP

Date of Measurement: 07/09/2022

FNL/FSL

FEL/FWL

\*\* If directional footage at Top of Prod. Zone

Dist: feet

Direction: FNL/FSL

Dist: feet

Direction: FEL/FWL

Sec: Twp: Rng:

FNL/FSL

FEL/FWL

\*\* If directional footage at Bottom Hole

Dist: feet

Direction: FNL/FSL

Dist: feet

Direction: FEL/FWL

Sec: Twp: Rng:

Field Name: WILDCAT

Field Number: 99999

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 09/29/2023

Date TD: 10/26/2023

Date Casing Set or D&amp;A: 10/23/2023

Rig Release Date: 10/26/2023 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 1317

TVD\*\*

Plug Back Total Depth MD 1317

TVD\*\*

Elevations GR 5540

KB 5540

Digital Copies of ALL Logs must be Attached

☒

List All Logs Run:

Mud Log, GR/Cement Bond Log, Neutron/Density, Porosity Log, Dual Induction Log,

## FLUID VOLUMES USED IN DRILLING OPERATIONS

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

Total Fluids (bbls): 198

Fresh Water (bbls): 198

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls): 0

### CASING, LINER AND CEMENT

| <u>Casing Type</u> | <u>Size of Hole</u> | <u>Size of Casing</u> | <u>Grade</u> | <u>Wt/Ft</u> | <u>Csg/Liner Top</u> | <u>Setting Depth</u> | <u>Sacks Cmt</u> | <u>Cmt Btm</u> | <u>Cmt Top</u> | <u>Status</u> |
|--------------------|---------------------|-----------------------|--------------|--------------|----------------------|----------------------|------------------|----------------|----------------|---------------|
| CONDUCTOR          | 17+1/2              | 13+3/8                | J-55         | 48           | 0                    | 30                   | 20               | 30             | 0              | VISU          |
| SURF               | 12+1/4              | 9+5/8                 | J-55         | 36           | 0                    | 1065                 | 170              | 1065           | 0              | CBL           |
| OPEN HOLE          | 8+3/4               |                       |              |              | 1065                 | 1317                 |                  |                |                |               |

Bradenhead Pressure Action Threshold 320 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 |  |
| DAKOTA         | 0              | 231    | NO               | NO    |  |
| MORRISON       | 231            | 522    | NO               | NO    |  |
| ENTRADA        | 522            | 1,029  | NO               | NO    |  |
| BLAINE         | 1,029          | 1,094  | NO               | NO    |  |
| LYONS          | 1,094          | 1,317  | NO               | NO    |  |

Operator Comments:

This is a single exploratory conventional vertical helium gas well completed in the Lyons formation. There was no drilling mud, hydraulic fracturing, stimulation, or flowback. No hydrocarbons or water were produced. There was no hydrocarbon-based waste to reuse or recycle. The surface casing is cemented to the surface. There is no casing string inside the surface casing for this open hole completion. A Form 42 was submitted electronically to the ECMC two business days prior to MIRU (spud notice). An Alternative Drilling Program was granted with the APD. After the well was deepened and reached total depth, a Gamma Ray - Neutron log was obtained in the open hole section to 1317'.

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

Signed: \_\_\_\_\_ Print Name: Cathy Bulf

Title: Manager Date: 7/3/2024 Email: cathybulf@gmail.com

**ATTACHMENT LIST**

| Att Doc Num                 | Document Name         | attached ? |                                     |    |                                     |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> |                       |            |                                     |    |                                     |
| 403634341                   | CMT Summary *         | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 403634895                   | 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>    |                       |            |                                     |    |                                     |
| 403593416                   | FORM 5 SUBMITTED      | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 403593475                   | LAS-CEMENT BOND       | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 403593476                   | PDF-CEMENT BOND       | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 403593477                   | PDF-POROSITY          | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 403593480                   | PDF-MUD               | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 403593482                   | PDF-DUAL INDUCTION    | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 403845003                   | INCLINATION SURVEY    | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 404160563                   | DIRECTIONAL DATA      | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
| 404160574                   | DIRECTIONAL DATA      | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
|                             |                       |            |                                     |    |                                     |

**General Comments**

| <b><u>User Group</u></b> | <b><u>Comment</u></b>   | <b><u>Comment Date</u></b> |
|--------------------------|---|----------------------------|
| Engineer                 | Sacks of cement updated to 20 sx and 170 sx.<br>Updated Surface casing Status from VISU to CBL. | 04/10/2025                 |
| Permit                   | Inclination survey is for incorrect well. Contacted operator.<br><br>Returned to draft.         | 07/02/2024                 |

Total: 2 comment(s)