

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:

404159624

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) 7595370
Address: 6494 S QUEBEC ST Fax:
City: ENGLEWOOD State: CO Zip: 80111 Email: pkondrat@bluestarhelium.com

API Number 05-071-09943-00 County: LAS ANIMAS
Well Name: JACKSON Well Number: 31 SENW 3054
Location: QtrQtr: SENW Section: 31 Township: 30S Range: 54W Meridian: 6
Footage at surface: Distance: 2011 feet Direction: FNL Distance: 3323 feet Direction: FEL
As Drilled Latitude: 37.388825 As Drilled Longitude: -103.505077
GPS Data: GPS Quality Value: 2.3 Type of GPS Quality Value: PDOP Date of Measurement: 04/22/2025
** 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:

Spud Date: (when the 1st bit hit the dirt) 02/17/2025 Date TD: 02/27/2025 Date Casing Set or D&A: 02/24/2025
Rig Release Date: 02/28/2025 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 5583 KB 5587 Digital Copies of ALL Logs must be Attached

List All Logs Run:
CBL, DEN, NEU, DIL, 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): 869 Fresh Water (bbls): 0
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	40	14	40	0	VISU
SURF	8+3/4	7	J-55	20#	0	1074	185	1074	0	VISU
OPEN HOLE	6+1/8				1074	1210				

Bradenhead Pressure Action Threshold 322 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	107	NO	NO	
PURGATOIRE	107	222	NO	NO	
MORRISON	222	257	NO	NO	
CHEYENNE	257	604	NO	NO	
ENTRADA	604	900	NO	NO	
LYKINS	900	1,030	NO	NO	
BLAINE	1,030	1,074	NO	NO	
LYONS	1,074	1,210	NO	NO	

Operator Comments:

Drill cutting and fluids disposal manifests are included under Other attachments.

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>			
404203223	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"/>
404203282	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
404159786	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404159787	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404159788	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404159789	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404203216	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
404203235	WELL LOCATION PLAT	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)