

FORM
5A
Rev
09/20



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Document Number:
404231360

Date Received:
06/08/2025

COMPLETED INTERVAL REPORT

The Completed Interval Report, Form 5A, will be submitted by the Operator within thirty (30) days after the operations listed in Rule 416.a. The Operator will report the details of any Stimulation performed including, but not limited to, Hydraulic Fracturing Treatment and acidizing Stimulation. In order to resolve completed interval information uncertainties, the Director may require an Operator to submit further information in an additional Form 5A.

1. ECMC Operator Number: <u>10797</u>	4. Contact Name: <u>Wesley Marshall</u>
2. Name of Operator: <u>DESERT EAGLE OPERATING LLC</u>	Phone: <u>(214) 886-5098</u>
3. Address: <u>17330 PRESTON RD STE 200D-208</u>	Fax: _____
City: <u>DALLAS</u> State: <u>TX</u> Zip: <u>75252</u>	Email: <u>wmarshall@prohelium.com</u>

5. API Number <u>05-071-09936-00</u>	6. County: <u>LAS ANIMAS</u>
7. Well Name: <u>Red Rocks</u>	Well Number: <u>1-09</u>
8. Location: QtrQtr: <u>SENE</u> Section: <u>1</u> Township: <u>30S</u> Range: <u>55W</u> Meridian: <u>6</u>	
9. Field Name: <u>WILDCAT</u> Field Code: <u>99999</u>	

10. If Directional, footage at Top of Prod. Zone: <u>0</u> Feet <u>0</u> Feet
Sec: _____ Twp: _____ Rng: _____

Completed Interval

FORMATION: LYONS Status: PRODUCING Treatment Type: _____

Treatment Date: _____ End Date: _____ Date this Formation was Completed: 05/24/2025

Perforations Top: 1076 Bottom: 1160 No. Holes: _____ Hole size: _____ Open Hole:

Describe the Formation Treatment, including the following: type of fluid used (gel, slickwater, etc.), type and concentration of acid used (HCl, HF, etc.), types and amounts of proppant(s) used, depth details of multiple zones, and method used to determine flowback volume.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____ Number of staged intervals: _____

Recycled or Reused Fluids used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Recycled Produced Water Alternative used in treatment (bbls): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

Total proppant used (lbs): _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production:

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

Comment:

This is a single conventional vertical helium well completed in the Lyons formation. There was no drilling mud used, no hydraulic fracturing or stimulation, and there was no flowback. The well did not produce hydrocarbons or water.

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: 6/8/2025 Email: cathybulf@gmail.com

ATTACHMENT LIST

Att Doc Num	Name
404231360	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

		Stamp Upon Approval
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Total: 0 comment(s)