

FORM
5A

Rev
09/20

State of Colorado

Energy & Carbon Management Commission

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



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Document Number:

403863036

Date Received:

07/23/2024

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. ECMC Operator Number: 10763

2. Name of Operator: BNL (ENTERPRISE) INC

3. Address: 2011 FOREST AVENUE

City: DURANGO State: CO Zip: 81301

4. Contact Name: Peter Kondrat

Phone: (970) 7595370

Fax:

Email: pkondrat@bluestarhelium.com

5. API Number 05-071-09922-00

7. Well Name: State 16 SWSE

8. Location: QtrQtr: SWSE Section: 16 Township: 30S Range: 54W Meridian: 6

9. Field Name: WILDCAT Field Code: 99999

6. County: LAS ANIMAS

Well Number: 3054

Completed Interval

FORMATION: LYONS

Status: WAITING ON COMPLETION

Treatment Type: _____

Treatment Date: _____

End Date: _____

Date this Formation was Completed: _____

Perforations

Top: 1112

Bottom: 1210

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.

No treatment, natural completion upon drilling into

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): _____

Fresh water used in treatment (bbl): _____

Disposition method for flowback: _____

Total proppant used (lbs): _____

Fracture stimulations must be reported on [FracFocus.org](https://www.fracfocus.org)

Test Information:

05/27/2024

Hours: 1

Bbl oil: 0

Mcf Gas: 313

Bbl H2O: 0

Date

Calculated 24 hour rate: Bbl oil: 0

Mcf Gas: 313

Bbl H2O: 0

GOR: 0

Test Method: Natural Flow

Casing PSI: _____

Tubing PSI: 0

Choke Size: 1 + 3/8

Gas Disposition: VENTED

Gas Type: HELIUM

Btu Gas: 0

API Gravity Oil: 0

Tubing Size: _____

Tubing Setting Depth: _____

Tbg setting date: _____

Packer Depth: _____

Reason for Non-Production: Well is waiting on pipeline and helium plant hookup

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: _____

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: 7/23/2024

Email: pkondrat@bluestarhelium.com

ATTACHMENT LIST

Att Doc Num

Name

403863036

FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Per operator email, 8/21/2024: "State #16 at the soonest will be connected to pipeline in 1st half of 2025."	08/27/2024
Permit	w/o date of first prod.	08/14/2024

Total: 2 comment(s)