

FORM
5Rev
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:

403593212

Date Received:

12/22/2023

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 05-071-09931-00

County: LAS ANIMAS

Well Name: Red Rocks

Well Number: 1-16

Location: QtrQtr: NENE Section: 1 Township: 30S Range: 55W Meridian: 6
FNL/FSL FEL/FWL

Footage at surface: Distance: 948 feet Direction: FNL Distance: 774 feet Direction: FEL

As Drilled Latitude: 37.464488 As Drilled Longitude: -103.518825

GPS Data: GPS Quality Value: 2.0 Type of GPS Quality Value: PDOP Date of Measurement: 07/09/2022

** If directional footage at Top of Prod. Zone Dist: feet Direction: Dist: feet Direction:
Sec: Twp: Rng: FNL/FSL FEL/FWL** If directional footage at Bottom Hole Dist: feet Direction: Dist: feet Direction:
Sec: Twp: Rng: FNL/FSL FEL/FWL

Field Name: WILDCAT

Field Number: 99999

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 09/22/2023 Date TD: 09/28/2023 Date Casing Set or D&A: 09/23/2023

Rig Release Date: 09/28/2023 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 1136 TVD** Plug Back Total Depth MD 1136 TVD**

Elevations GR 5493 KB 5493

Digital Copies of ALL Logs must be Attached



List All Logs Run:

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 1136'. List of 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): 182

Fresh Water (bbls): 182

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	17+1/2	13+3/8	J-55	48	0	30	22	30	0	VISU
SURF	12+1/4	9+5/8	J-55	36	0	1052	182	1052	0	VISU
OPEN HOLE	8+3/4				1055	1136				

Bradenhead Pressure Action Threshold 316 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	524	NO	NO	
ENTRADA	524	798	NO	NO	
LYKINS	798	1,026	NO	NO	
BLAINE	1,026	1,097	NO	NO	
LYONS	1,097	1,136			

Operator Comments:

A Form 42 was submitted electronically to COGCC 2 business days prior to MIRU (spud notice) for the first well activity with a rig on the pad. 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. Operator acknowledges Rule 408.r. Requirement to Log well. Alternative Logging Program - A GR/cement bond log was obtained after setting and cementing the surface string of casing. Once the well was deepened and reached total depth, a Gamma Ray - Neutron log was obtained in the open hole section to total depth.

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: 12/22/2023 Email: cathybulf@gmail.com

ATTACHMENT LIST

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
403634335	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403634336	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>			
403593212	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403593326	LAS-COMPOSITE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403593334	PDF-POROSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403593336	PDF-DUAL INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403593337	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403593340	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
403593343	INCLINATION SURVEY	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)