

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



DE	ET	OE	ES
----	----	----	----

Document Number:
404260711

Date Received:

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: 10763

2. Name of Operator: BNL (ENTERPRISE) INC

3. Address: 6494 S QUEBEC ST
City: ENGLEWOOD State: CO Zip: 80111

4. Contact Name: Peter Kondrat
Phone: (970) 7595370
Fax: _____
Email: pkondrat@bluestarhelium.com

5. API Number 05-071-09942-00

6. County: LAS ANIMAS

7. Well Name: JACKSON
Well Number: 02 L4 3154

8. Location: QtrQtr: 4 Section: 2 Township: 31S Range: 54W Meridian: 6

9. Field Name: WILDCAT Field Code: 99999

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

Completed Interval

FORMATION: LYONS Status: SHUT IN Treatment Type: _____

Treatment Date: _____ End Date: _____ Date this Formation was Completed: _____

Perforations Top: 1147 Bottom: 1232 No. Holes: _____ Hole size: 6 + 1/8 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.

Well is a natural completion. No treatment and no flowback. Producing interval is the open hole section of the Lyons Formation.

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

Test Information:

05/05/2025 Hours: 1 Bbl oil: 0 Mcf Gas: 9 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 207 Bbl H2O: 0 GOR: 0

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

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: Wells is waiting on pipeline, CO2 and helium plant.

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: _____ Email: pkondrat@bluestarhelium.com

ATTACHMENT LIST

Att Doc Num	Name
404260713	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)