

FORM  
5Rev  
12/20

## State of Colorado

## Energy &amp; Carbon Management Commission

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



Document Number:

404277315

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 05-071-09923-00

County: LAS ANIMAS

Well Name: State 09 SWSE

Well Number: 3054

Location: QtrQtr: SWSE

Section: 9

Township: 30S

Range: 54W

Meridian: 6

FNL/FSL

FEL/FWL

Footage at surface: Distance: 815 feet

Direction: FSL Distance: 2576 feet

Direction: FEL

As Drilled Latitude: 37.440863

As Drilled Longitude: -103.465880

GPS Data: GPS Quality Value: 1.7

Type of GPS Quality Value: PDOP

Date of Measurement: 07/04/2021

FNL/FSL

FEL/FWL

\*\* If directional footage at Top of Prod. Zone

Dist: feet

Direction: FNL/FSL

Dist: feet

Direction: FEL/FWL

Sec: Twp: Rng:

FNL/FSL

FEL/FWL

\*\* If directional footage at Bottom Hole

Dist: feet

Direction: FNL/FSL

Dist: feet

Direction: FEL/FWL

Sec: Twp: Rng:

Field Name: WILDCAT

Field Number: 99999

Federal, Indian or State Lease Number: ST-112988

Spud Date: (when the 1st bit hit the dirt) 05/20/2025

Date TD: 05/31/2025

Date Casing Set or D&amp;A: 05/29/2025

Rig Release Date: 06/01/2025 Per Rule 308A.b.

Well Classification:

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

Total Depth MD 1225

TVD\*\*

Plug Back Total Depth MD 1225

TVD\*\*

Elevations GR 5402

KB 5406

Digital Copies of ALL Logs must be Attached



List All Logs Run:

CBL, GR, DEN, NEU, DIL

## FLUID VOLUMES USED IN DRILLING OPERATIONS

(Enter "0" if a type of a fluid was not used. Do not leave blank.)

Total Fluids (bbls): 262

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	1143	275	1143	0	VISU
OPEN HOLE	6+1/8				1143	1225				

Bradenhead Pressure Action Threshold 343 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	8	NO	NO	
DAKOTA	8	110	NO	NO	
PURGATOIRE	110	233	NO	NO	
MORRISON	233	568	NO	NO	
ENTRADA	568	894	NO	NO	
LYKINS	894	1,034	NO	NO	
BLAINE	1,034	1,143	NO	NO	
LYONS	1,143	1,225	NO	NO	

Operator Comments:

Drill cuttings and fluid disposal manifests included. No mudlogging for well.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_

Print Name: Peter KondratTitle: Chief Operating Officer

Date: \_\_\_\_\_

Email: pkondrat@bluestarhelium.com

**ATTACHMENT LIST**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
404277335	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"/>
404277328	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
404277319	PDF-DUAL INDUCTION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
404277320	PDF-DENSITY/NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
404277322	LAS-COMBINATION OPEN HOLE	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
404277323	PDF-CBL 1ST RUN	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
404277325	LAS-CBL 1ST RUN	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)