

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:

404277340

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 05-071-09923-00

7. Well Name: State 09 SWSE

8. Location: QtrQtr: SWSE Section: 9 Township: 30S Range: 54W Meridian: 6

9. Field Name: WILDCAT Field Code: 99999

6. County: LAS ANIMAS

Well Number: 3054

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: 1143 Bottom: 1225 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, no fluid and no flowback. Producing interval is the open hole sections of the Lyons.

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://fracfocus.org)

Test Information:

06/02/2025 Hours: 1 Bbl oil: 0 Mcf Gas: 15 Bbl H2O: 0
Date Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 363 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: Well 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
404277341	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)