

FORM 17 Rev 6/99

State of Colorado Oil and Gas Conservation Commission

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BRADENHEAD TEST REPORT

Step 1. Record all tubing and casing pressures as found. Step 2. Sample now. If intermediate or surface casing pressure > 25 psi. In sensitive areas, 1 psi. Step 3. Conduct Bradenhead test. Step 4. Conduct intermediate casing test. Step 5. Send report to BLM within 3 days and to OGCC within 10 days. Include wellbore diagram if not previously submitted or if wellbore configuration has changed since prior program. Attach gas and liquid analyses if sampled.

1. OGCC Operator Number: 10531 3. BLM Lease No:
2. Name of Operator: GRIZZLY OPERATING LLC
4. API Number; 05-045-07030-00 5. Multiple completion? Yes No
6. Well Name: GIBSON GULCH UNIT Number: 11-32
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): NESW,32,6S,91W,6
8. County GARFIELD 9. Field Name: MAMM CREEK
10. Minerals: Fee State Federal Indian

11. Date of Test: 03/31/2020
12. Well Status: Flowing Shut In Gas Lift Pumping Injection Clock/Intermitter Plunger Lift
13. Number of Casing Strings: Two Three Liner?

14. EXISTING PRESSURES

Table with 6 columns: Record all pressures as found, Tubing, Tubing, Prod Csg, Intermediate, Surf. Csg. Values include 372, 370, 152.

BRADENHEAD TEST

Table for Bradenhead Test with columns: Buried valve?, Confirmed open?, Elapsed Time (Min:Sec), Fm: Tubing, Fm: Tubing, Prod Csg PSIG, Intermedia Csg PSIG, Bradenhead Flow. Includes instructions and a data table with 7 rows.

INTERMEDIATE CASING TEST

Table for Intermediate Casing Test with columns: Buried valve?, Confirmed open?, Elapsed Time (Min:Sec), Fm: Tubing, Fm: Tubing, Prod Csg PSIG, Intermedia Csg PSIG, Bradenhead Flow. Includes instructions and a data table with 7 rows.

Comments: Bradenhead left open and added to flow test list per Craig Burger.

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

Test Performed By: Lee Simpson Title: Production Foreman Phone: (970) 319-9945

Signed: Aaron Axelson Title: Sr. Production Foreman Date: 4/1/2020

Witnessed By: _____ Title: _____ Agency: _____