

Submitted

FORM 17 Rev 8/99

State of Colorado Oil and Gas Conservation Commission

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FOR OGCC USE ONLY

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 30 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: 37230 2. Name of Operator: KERRY HALDE 3. BLM Lease No: 4. API Number: 05-017-07558 5. Multiple completion? [] Yes [x] No 6. Well Name: WEXFORD Number: 7. Location (Qtr, Sec, Twp, Rng, Meridian): NE 35-13-42 8. County: CHEYENNE 9. Field Name: MRRW7 10. Minerals: [] Fee [] State [x] Federal [] Indian

11. Date of Test: DEC 14, 2021 12. Well Status: [] Flowing [] Shut In [] Gas Lift [x] Pumping [] Injection [] Clock/Intermittent [] Plunger Lift 13. Number of Casing Strings: [x] Two [] Three [] Liner?

14. STEP 1: EXISTING PRESSURES Table with columns: Record all pressures as found, Tubing: 50, Prod. Casing: 50, Intermediate Cag: 0, Surface Casing: 0

15. STEP 2: See instructions above.

16. STEP 3: BRADENHEAD TEST Table with columns: Buried valve?, Confirmed open?, Elapsed Time (Min:Sec), Production Casing PSIG, Intermediate Casing PSIG, Bradenhead Flow. Includes sample characteristics and cylinder number.

17. STEP 4: INTERMEDIATE CASING TEST Table with columns: Buried valve?, Confirmed open?, Elapsed Time (Min:Sec), Production Casing PSIG, Intermediate Casing PSIG, Intermediate Flow. Includes sample characteristics and cylinder number.

18. Comments: BRADENHEAD PRESSURE WENT TO 0 IN 5 SECONDS. 0 THROUGHOUT REMAINDER OF TEST.

19. STEP 5: See instructions above.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete. Test Performed by: GREG SHALBERG Title: PUMPER Phone: 719-688-3547 Signed: [Signature] Title: Date: WITNESSED BY: [Signature] Title: Agency: