

#403003459

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 casing 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: 10758 2. Name of Operator: Oar's Operating LLC 3. BLM Lease No: 4. API Number: 05-071-07292-00 5. Multiple completion? Yes No 6. Well Name: Hill Ranch Number: 17-02V 7. Location (Ctr/Dir, Sec, Twp, Rng, Meridian): N/1/NE 17-35S-67W 8. County: Las Animas 9. Field Name: Paragardite River 10. Minerals: Fee State Federal Indian 11. Date of Test: 4-1-22 12. Well Status: Flowing Shut In Gas Lift Pumping Injection Clock/Intermittent Plunger Lift 13. Number of Casing Strings: Two Three Liner?

14. STEP 1: EXISTING PRESSURES Record all pressures as found Tubing: Fm: Prod. Casing: Intermediate Csg: Surface Casing: 0

16. STEP 3: BRADENHEAD TEST Buried valve? Yes No Confirmed open? Yes No With gauges monitoring production, intermediate casing and tubing pressures, open surface casing (bradenhead) valve (if no intermediate casing, monitor only the production casing and tubing pressures.) Record pressures at five minute intervals. Define characteristics of flow in "Bradenhead Flow" column using letter designations below: O = No Flow; C = Continuous; D = Down to 0; V = Vapor H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas BRADENHEAD SAMPLE TAKEN Yes No Gas Liquid Character of Bradenhead fluid: Clear Fresh Sulfur Salty Black N/A Other: (describe) N/A Sample cylinder number: N/A

Table with 7 columns: Buried valve?, Confirmed open?, Elapsed Time (Min:Sec), Fm. Tubing, Production Casing PSIG, Intermediate Casing PSIG, Bradenhead Flow. Includes a table for STEP 4: INTERMEDIATE CASING TEST with similar columns and a 'Comments' section.

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: Dakota Char? Title: Pushback Phone: 719-497-0446 Signed: Dakota Char Title: Date: 4-1-22 WITNESSED BY: Title: Agency: