

#403026724

FORM 17 Rev. 8/99

State of Colorado Oil and Gas Conservation Commission

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

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: 10758
2. Name of Operator: OGRIS OPERATING LLC
3. BLM Lease No:
4. API Number: 05-071-0827-00
5. Multiple completion? No
6. Well Name: NEW BELZ
7. Location (Dir/Oil, Sec, Twp, Rng, Meridian): NW/4E 35-33 S-68 W
8. County: LAS ANIMAS
9. Field Name: PURGATORY RIVER
10. Minerals: Fee State Federal Indian
11. Date of Test: 4-23-22
12. Well Status: Flowing Shut In
13. Number of Casing Strings: Two Three Liner?

STEP 1: EXISTING PRESSURES
Record all pressures as found
Tubing: 1 Fm:
Prod. Casing: 2 Fm:
Intermediate Csg:
Surface Casing:

STEP 3: BRADENHEAD TEST
Burned valve? No Confirmed open? Yes
With gauges monitoring production, intermediate casing and tubing pressures, open surface casing (bradenhead) valve...
Elapsed Time (Min:Sec) 00: 00:00 05: 00:00 10: 00:00 15: 00:00 20: 00:00 25: 00:00 30: 00:00
Production Casing PSIG: -4
Bradenhead Flow: 0
Sample cylinder number: N/A

STEP 4: INTERMEDIATE CASING TEST
Burned valve? No Confirmed open? Yes
With gauges monitoring production casing and tubing pressures, open the intermediate casing valve...
Elapsed Time (Min:Sec) 00: 00:00 05: 00:00 10: 00:00 15: 00:00 20: 00:00 25: 00:00 30: 00:00
Production Casing PSIG:
Intermediate Casing PSIG:
Intermediate Flow:
Sample cylinder number:

18. Comments:
Note instantaneous Bradenhead PSIG at end of test: >
Note instantaneous Intermediate Casing PSIG at end of test: >

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: ALIXE BOMBARDI Title: ROUSTABOUT Phone: 719-497-0946
Signed: [Signature] Title: ROUSTABOUT Date: 4-23-22
WITNESSED BY: [Signature] Title: ROUSTABOUT Agency: