

#403034800

FORM 17 Rev 6/99

State of Colorado Oil and Gas Conservation Commission

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



FOR OGC 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 OGC within 10 days. Include wellbore diagram if not previously submitted or if wellbore configuration has changed since proof program. Abstract gas and liquid analyses if sampled.

1. OGC Operator Number: 10758 2. Name of Operator: O&G's Operating LLC 3. BLM Lease No.: 05-071-0744-00 4. API Number: Golden Eagle 5. Multiple completion? No 6. Well Name: Golden Eagle 7. Location (City, Sec, Twp, Rng, Meridian): NE/4 NW 21-33s-67w 8. County: Las Animas 9. Field Name: Purgatoire River 10. Minerals: Fee State Federal Indian 11. Date of Test: 5-1-22 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: Tubing: Fm: Prod. Casing: Cag: Intermediate Casing: Surface Casing: 15. STEP 2: See instructions above.

STEP 3: BRADENHEAD TEST

Table with 7 columns: Buried valve?, Confirmed open?, Elapsed Time (Min:Sec), Fm. Tubing, Fm. Tubing, Production Casing PSIG, Intermediate Casing PSIG, Bradenhead Flow. Includes Bradenhead Sample Taken section with Yes/No for Gas, Liquid, Sulfur, Salty, Black, Other.

STEP 4: INTERMEDIATE CASING TEST

Table with 7 columns: Buried valve?, Confirmed open?, Elapsed Time (Min:Sec), Fm. Tubing, Fm. Tubing, Production Casing PSIG, Intermediate Casing PSIG, Intermediate Flow. Includes Intermediate Sample Taken section with Yes/No for Gas, Liquid, Sulfur, Salty, Black, Other.

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: Dakota Elmont Title: Rose Roberts Phone: 719-597-0446 Signed: Dakota Elmont Title: Date: 5-1-22

WITNESSED BY: Title: Agency: