

#403039845

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



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: 18758 2. Name of Operator: Orix Operating LLC 3. BLM Lease No: 4. API Number: 05-071-08800-00 5. Multiple completion? Yes No 6. Well Name: Golden Eagle Number: 20-11 7. Location (Dir/Oil, Sec, Twp, Rng, Meridian): N/1SW 20-33S-67W 8. County: LAS ANIMAS 9. Field Name: Ridgepole River 10. Minerals: Fee State Federal Indian

11. Date of Test: 5-2-22 12. Well Status: Flowing Shut In Gas Lift Pumping Injection Clock/Intermitter Plunger Lift 13. Number of Casing Strings: Two Three Liner?

14. STEP 1: EXISTING PRESSURES Tubing: Prod. Casing: Intermediate Csg: Surface Casing: Fm: Fm: Fm: Fm:

16. STEP 2: See instructions above.

Table for Step 3: Bradenhead Test. Columns: Buried valve?, Confirmed open?, Elapsed Time (00-30), Fm: Tubing, Fm: Tubing, Production Casing PSIG, Intermediate Casing PSIG, Bradenhead Flow. Includes character of Bradenhead fluid and sample cylinder number.

Table for Step 4: Intermediate Casing Test. Columns: Buried valve?, Confirmed open?, Elapsed Time (00-30), Fm: Tubing, Fm: Tubing, Production Casing PSIG, Intermediate Casing PSIG, Intermediate Flow. Includes character of intermediate fluid and sample cylinder number.

18. Comments: Note instantaneous Bradenhead PSIG at end of test: > Note instantaneous Intermediate Casing PSIG at end 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: Dakota Ewert Title: Rod Stabert Phone: 719-497-0446 Signed: Dakota Ewert Date: 5-2-22 Agency: WITNESSED BY: Title: Agency: