

#403003528

FORM 17 Rev 6/99

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: 10758 2. Name of Operator: OAKS OPERATING LLC 3. BLM Lease No: 4. API Number: 05-091-07990-00 5. Multiple completion? [ ] Yes [X] No 6. Well Name: NEW ECK Number: 35-12 7. Location (Qtr, Sec, Twp, Rng, Meridian): SW/4 35-33S-68W 8. County: Los Animas 9. Field Name: Purgatoire River 10. Minerals: [X] Fee [ ] State [ ] Federal [ ] Indian

11. Date of Test: 3-31-22 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 Record all pressures as found Tubing: Fm: Tubing: Fm: Prod. Casing: Fm: Intermediate Csg: Fm: Surface Casing: Fm:

15. STEP 2: See instructions above.

16. STEP 3: BRADENHEAD TEST Buried valve? [ ] Yes [X] No Confirmed open? [X] Yes [ ] No Elapsed Time (Min:Sec) Fm: Tubing: Fm: Tubing: Production Casing PSIG Intermediate Casing PSIG Bradenhead Flow: 00: 40 -12 0 05: 40 -10 0 10: 40 -10 0 15: 40 -12 0 20: 40 -12 0 25: 40 -12 0 30: 40 -12 0 Note instantaneous Bradenhead PSIG at end of test: > 0

17. STEP 4: INTERMEDIATE CASING TEST Buried valve? [ ] Yes [ ] No Confirmed open? [ ] Yes [ ] No Elapsed Time (Min:Sec) Fm: Tubing: Fm: Tubing: Production Casing PSIG Intermediate Casing PSIG Intermediate Flow: 00: 05: 10: 15: 20: 25: 30: Note instantaneous Intermediate Casing PSIG at end of test: >

18. Comments:

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 Ehart Title: Rousaton? Phone: 719-497-0446 Signed: Dakota Ehart Title: Date: 3-31-22 WITNESSED BY: Title: Agency: