



<div>FORM 17 Rev 11/20</div>	<div>State of Colorado Energy &amp; Carbon Management Commission 1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109</div>	<div></div>	<div>Document Number: 403821444</div>
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BRADENHEAD TEST REPORT

Step 1. Before opening any valves, record all tubing and casing pressures as found.  
Step 2. Collect liquid and gas samples as required; consult Bradenhead Testing and Reporting Instructions and Guidance for field specific Orders at <http://ecmc/reg.html#/opguidance>  
Step 3. Conduct Bradenhead test.  
Step 4. Submit Form 17 within 10 days of test. Attach a wellbore diagram if not previously submitted or if wellbore configuration has changed since last wellbore diagram was submitted.  
Step 5. Submit sample analytical results via Form 43.

1. ECMC Operator Number: 104333. BLM Lease No:

2. Name of Operator: LARAMIE ENERGY LLC

4. API Number; 05-077-09552-005. Multiple completion? Yes No

6. Well Name: NVEGA Number: 23-231

7. Location (QtrQtr, Sec, Twp, Rng, Meridian): NESW,23,9S,93W,6

8. County MESA9. Field Name: BUZZARD CREEK

10. Minerals: Fee State Federal Indian

11. Date of Test: 06/04/2024

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

Record all pressures as found	Tubing: 150 Fm:	Tubing: Fm:	Prod Csg 200 Fm:	Intermediate Csg:	Surf. Csg 0
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BRADENHEAD TEST

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.  
Describe character of flow in "Bradenhead Flow" column: O = No Flow; C = Continuous; D = Down to 0; S = Surge; W = Whisper  
Describe fluid type in "Bradenhead Fluid" column: H = Water H2O; M = Mud; G = Gas; V = Vapor; L = Liquid Hydrocarbon; H & M = Water & Mud; H & G = Water & Gas; H & V = Water & Vapor; M & G = Mud & Gas; M & V = Mud & Vapor; G & V = Gas & Vapor; H & L = Water & Liquid Hydrocarbon; M & L = Mud & Liquid Hydrocarbon; G & L = Gas & Liquid Hydrocarbon; V & L = Vapor & Liquid Hydrocarbon; N = None

Buried valve? Yes No Confirmed open? Yes No	Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:	Bradenhead Fluid:
	00:00	150		200		NO FLOW	
BRADENHEAD SAMPLE TAKEN? Yes No Gas Liquid	05:00	197		206		NO FLOW	
	10:00	220		209		NO FLOW	
Character of Bradenhead fluid: Clear Fresh Sulfur Salty Black Other:(describe)	15:00	230		211		NO FLOW	
	20:00	237		214		NO FLOW	
	25:00	241		214		NO FLOW	
	30:00	249		218		NO FLOW	
	REQUIRED - Instantaneous Bradenhead Pressure at End of Test: 0 PSIG						

Date Run: 6/11/2024 Doc [#403821444]

Page 1 of 2

## INTERMEDIATE CASING TEST

With gauges monitoring production, intermediate casing and tubing pressures, open the intermediate casing valve. Record pressures at five minute intervals.

Describe character of flow in "Intermediate Flow" column: O = No Flow; C = Continuous; D = Down to 0; S = Surge; W = Whisper

Describe fluid type in "Intermediate Fluid" column: H = Water H<sub>2</sub>O; M = Mud; G = Gas; V = Vapor; L = Liquid Hydrocarbon; H & M = Water & Mud; H & G = Water & Gas; H & V = Water & Vapor; M & G = Mud & Gas; M & V = Mud & Vapor; G & V = Gas & Vapor; H & L = Water & Liquid Hydrocarbon; M & L = Mud & Liquid Hydrocarbon; G & L = Gas & Liquid Hydrocarbon; V & L = Vapor & Liquid Hydrocarbon; N = None.

Buried valve? <input type="checkbox"/> Yes <input type="checkbox"/> No	Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermediate Csg PSIG	Intermediate Flow:	Intermediate Fluid:
Confirmed open? <input type="checkbox"/> Yes <input type="checkbox"/> No	00:00						
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid	05:00						
	10:00						
	15:00						
Character of Intermediate fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black Other:(describe) _____	20:00						
	25:00						
	30:00						
	REQUIRED - Instantaneous Intermediate Casing Pressure at End of Test: _____ PSIG						

Comments:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Test Performed By: Art Quezada Title: Lease Operator Phone: (970) 312-6479  
Signed: Lori Muhr Title: Regulatory Specialist Date: 6/11/2024  
Witnessed By: \_\_\_\_\_ Title: \_\_\_\_\_ Agency: \_\_\_\_\_