



<div>FORM 17</div> <div>Rev 11/20</div>	<div>State of Colorado</div> <div>Energy & Carbon Management Commission</div> <div>1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109</div>	<div></div>	<div>Document Number:</div> <div>403826724</div>					
<div>BRADENHEAD TEST REPORT</div>								
<div>Step 1. Before opening any valves, record all tubing and casing pressures as found.</div> <div>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</div> <div>Step 3. Conduct Bradenhead test.</div> <div>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.</div> <div>Step 5. Submit sample analytical results via Form 43.</div>								
<div>1. ECMC Operator Number: 10699</div> <div>2. Name of Operator: OWN RESOURCES OPERATING LLC</div> <div>4. API Number; 05-125-11312-00</div> <div>6. Well Name: KELLER CATTLE</div> <div>7. Location (QtrQtr, Sec, Twp, Rng, Meridian): SWNE,10,2S,46W,6</div> <div>8. County YUMA</div> <div>10. Minerals: <input type="checkbox"/> Fee <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Indian</div>			<div>3. BLM Lease No:</div> <div>5. Multiple completion? <input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div>Number: 32-10 2S46W</div> <div>9. Field Name: MILDRED</div> <div>11. Date of Test: 06/13/2024</div> <div>12. Well Status: <input type="checkbox"/> Flowing <input type="checkbox"/> Shut In <input type="checkbox"/> Gas Lift <input type="checkbox"/> Pumping <input type="checkbox"/> Injection <input type="checkbox"/> Clock/Intermitter <input type="checkbox"/> Plunger Lift</div> <div>13. Number of Casing Strings: <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Liner?</div>					
<div>14. EXISTING PRESSURES</div>								
<div>Record all pressures as found</div>	<div>Tubing: Fm:</div>	<div>Tubing: Fm:</div>	<div>Prod Csg 15 Fm:</div>	<div>Intermediate Csg:</div>	<div>Surf. Csg 0</div>			
<div>BRADENHEAD TEST</div> <div>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.</div> <div>Describe character of flow in "Bradenhead Flow" column: O = No Flow; C = Continuous; D = Down to 0; S = Surge; W = Whisper</div> <div>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</div>								
<div>Buried valve? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div> <div>Confirmed open? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</div> <div>BRADENHEAD SAMPLE TAKEN?</div> <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid</div> <div>Character of Bradenhead fluid:</div> <div><input type="checkbox"/> Clear <input type="checkbox"/> Fresh <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black</div> <div>Other:(describe)</div>		<div>Elapsed Time (Min:Sec)</div> <div>00:00</div> <div>05:00</div> <div>10:00</div> <div>15:00</div> <div>20:00</div> <div>25:00</div> <div>30:00</div>	<div>Fm: Tubing</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	<div>Fm: Tubing:</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	<div>Prod Csg PSIG</div> <div>15</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	<div>Intermedia Csg PSIG</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	<div>Bradenhead Flow:</div> <div>NO FLOW</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	<div>Bradenhead Fluid:</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
<div>REQUIRED - Instantaneous Bradenhead Pressure at End of Test: 0 PSIG</div>								

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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 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? <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: Dan Stoeber Title: _____ Phone: () 9703323585
Signed: Pat Dolezal Title: _____ Date: 6/17/2024
Witnessed By: _____ Title: _____ Agency: _____