FORM 17 Rev 11/20

State of Colorado
Energy & Carbon Management Commission

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

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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: 10699 3. BLM Lease No:
2. Name of Operator: OWN RESOURCES OPERATING LLC
4. API Number; 05-125-08896-00 5. Multiple completion? ☐ Yes ☐ No
6. Well Name: PAGEL Number: 2-15
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): NESE,15,3N,47W,6
8. County YUMA 9. Field Name: WHISPER
10. Minerals: ☐ Fee ☐ State ☐ Federal ☐ Indian

11. Date of Test: 08/29/2024

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: Fm:	Tubing: Fm:	Prod Csg 21 Fm:	Intermediate Csg:	Surf. Csg 0

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

BRADENHEAD SAMPLE TAKEN?
☐ Yes ☒ No ☐ Gas ☐ Liquid

Character of Bradenhead fluid:
☐ Clear ☐ Fresh ☐ Sulfur ☐ Salty ☐ Black
Other:(describe)

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:	Bradenhead Fluid:
00:00			21		NO FLOW	
05:00						
10:00						
15:00						
20:00						
25:00						
30:00						

REQUIRED - Instantaneous Bradenhead Pressure at End of Test: 0 PSIG

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? ☐ Yes ☐ No

Confirmed open? ☐ Yes ☐ No

INTERMEDIATE SAMPLE TAKEN?

☐ Yes ☐ No ☐ Gas ☐ Liquid

Character of Intermediate fluid:

☐ Clear ☐ Fresh

☐ Sulfur ☐ Salty ☐ Black

Other:(describe)

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermediate Csg PSIG	Intermediate Flow:	Intermediate Fluid:
00:00						
05:00						
10:00						
15:00						
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: Luis Aguilar Title: _____ Phone: ( ) 9703323585

Signed: Pat Dolezal Title: _____ Date: 9/6/2024

Witnessed By: _____ Title: _____ Agency: _____