

Doc - 404/74481

FORM 17 Rev 6/99

not in Admiss 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: 10679
2. Name of Operator: LOGOS Operating, LLC
3. BLM Lease No:
4. API Number: 05-067-06248
5. Multiple completion? Yes No
6. Well Name: Docar Gas Unit Number: 1-A
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): SESW, 26, 33N, 8W
8. County: La Plata
9. Field Name: Ignacio Blanco
10. Minerals: Fee State Federal Indian

11. Date of Test: 4/9/25
12. Well Status: Flowing Shut In
Gas Lift Pumping Injection
Clock/Intermittent Plunger Lift
13. Number of Casing Strings: Two Three Liner?

STEP 1: EXISTING PRESSURES
Table with columns: Record all pressures as found, Tubing (Fm: MV), Prod. Casing (Fm: MV), Intermediate Csg, Surface Casing (0)

15. STEP 2: See instructions above.

STEP 3: BRADENHEAD TEST
Table with columns: Buried valve?, Confirmed open?, Elapsed Time (Min:Sec), Fm: MV Tubing, Production Casing PSIG, Intermediate Casing PSIG, Bradenhead Flow.
Includes character of fluid and sample cylinder number.

STEP 4: INTERMEDIATE CASING TEST
Table with columns: Buried valve?, Confirmed open?, Elapsed Time (Min:Sec), Fm: Tubing, Production Casing PSIG, Intermediate Casing PSIG, Intermediate Flow.
Includes character of fluid and sample cylinder number.

18. Comments: Braden head down in 1 sec. Valve closed after 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: Gregory Lee Title: Operator Phone: 505 635 9311
Signed: [Signature] Title: Date: 4/9/25
WITNESSED BY: Title: Agency:

4/21/25