FORM 17 Rev 11/20

State of Colorado
Energy & Carbon Management Commission

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Document Number: 404641441

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: 25255 3. BLM Lease No:
2. Name of Operator: DUKE GAS COMPANY LLC
4. API Number; 05-125-07253-00 5. Multiple completion? ☐ Yes ☐ No
6. Well Name: FHA 22 Number: 2
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWSE,22,5N,46W,6
8. County YUMA 9. Field Name: WAGES
10. Minerals: ☒ Fee ☐ State ☐ Federal ☐ Indian

11. Date of Test: 04/27/2026
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: 36 Fm: NBRR	Tubing: Fm:	Prod Csg 216 Fm: NBRR	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	NBRR 35		216		NO FLOW	NONE
05:00	NBRR 35		217		NO FLOW	NONE
10:00	NBRR 35		217		NO FLOW	NONE
15:00	NBRR 35		217		NO FLOW	NONE
20:00	NBRR 35		217		NO FLOW	NONE
25:00	NBRR 35		217		NO FLOW	NONE
30:00	NBRR 35		217		NO FLOW	NONE

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: Surface casing head wasn't installed. During wellhead repair on Monday, April 27th, PID meter registered "0"at surface head repair.

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

Test Performed By: Andrew Weaver Title: Excell Representative Phone: (970) 630-3930

Signed: Diana Cantrall Title: Owner Date: 4/30/2026

Witnessed By: _____ Title: _____ Agency: _____