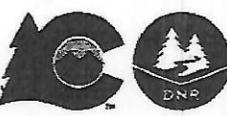


2-29

FORM 17 Rev 11/20

State of Colorado Oil and Gas Conservation Commission 1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number: \_\_\_\_\_

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://ogcc.org/html/ogguidance 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. OGCC Operator Number: 51130 3. BLM Lease No: CO2742 2. Name of Operator: Locin Oil Corporation 4. API Number: 0510308488 5. Multiple completion? [ ] Yes [X] No 6. Well Name: Fork Unit Federal Number: 2-29-1-1 7. Location (Qtr, Sec, Twp, Rng, Meridian): NWNE ... 29 15 10 W 6 PM 8. County: RIO BLANCO 9. Field Name: Fork Unit 10. Minerals: [ ] Fee [ ] State [X] Federal [ ] Indian

11. Date of Test: 10/28/23 12. Well Status: [X] Flowing [ ] Shut In [ ] Gas Lift [ ] Pumping [ ] Injection [ ] Clock/Interrmitter [X] Plunger Lift

13. Number of Casing Strings: [X] Two [ ] Three [ ] Liner?

14. EXISTING PRESSURES

Table with columns: Record all pressures as found, Tubing (61), Prod Csg (69), Intermediate, Surf. Csg. Includes 'Fm:' labels for tubing and casing.

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

Table with columns: Buried valve?, Confirmed open?, BRADENHEAD SAMPLE TAKEN?, Character of Bradenhead fluid, Elapsed Time (Min:Sec), Fm: Tubing, Prod Csg PSIG, Intermedia Csg PSIG, Bradenhead Flow, Bradenhead Fluid. Includes handwritten data for times 12:00 to 12:30.

Instantaneous Bradenhead PSIG at end of test: > [Handwritten Signature]

2-29

### 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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
INTERMEDIATE SAMPLE TAKEN?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Character of Intermediate fluid:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Clear <input type="checkbox"/> Fresh		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Other:(describe)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Instantaneous Intermediate Casing PSIG at end of test: > _____							

Comments:

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

Test Performed By: LARRY Christian Title: Toolper Phone: ( ) 9706758451

Signed: Larry W. Christian Title: Toolper Date: 10/28/23

Witnessed By: \_\_\_\_\_ Title: \_\_\_\_\_ Agency: \_\_\_\_\_