

FORM 17 Rev 8/99

State of Colorado Oil and Gas Conservation Commission

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



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: 05-067-08107
5. Multiple completion? Yes No
6. Well Name: Bondad 33-9 Number: 51
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): SENW, 7, 33N, 9W
8. County: La Plata
9. Field Name: Ignacio Blanco
10. Minerals: Fee State Federal Indian

11. Date of Test: 6.25.25
12. Well Status: Flowing Shut In
Gas Lift Pumping Injection
Clock/Intermittent
Plunger Lift
13. Number of Casing Strings: Two Three Liner?

Table for Step 1: Existing Pressures. Columns: Record all pressures as found, Tubing (Fm: b2), Prod. Casing (Fm: 76), Intermediate Cag, Surface Casing (0).

15. STEP 2: See instructions above.

Table for Step 3: Bradenhead Test. Columns: Buried valve?, Confirmed open?, Elapsed Time (Min:Sec), Fm: Tubing, Production Casing PSIG, Intermediate Casing PSIG, Bradenhead Flow. Includes character of fluid and sample taken info.

Table for Step 4: Intermediate Casing Test. 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 taken info.

18. Comments:

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: Frankie Carrillo Title: Operator Phone: 505-483-4394
Signed: [Signature] Title: Date: 6-25-25
WITNESSED BY: Title: Agency: