

**Inspection Report**  
**Mechanical Integrity Test**  
**Osage DNR / Environmental Protection Agency**  
**1201 Elm Street, Suite 500**  
**Dallas TX 75270**

|                                                                                                                         |       |                                                                                                                                                                                                                                                                            |                                                                                  |                                    |               |                |
|-------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------|---------------|----------------|
| <b>Inspector</b> Matthew Allen                                                                                          |       | <b>MIT Date</b> 02/17/2026                                                                                                                                                                                                                                                 |                                                                                  | <b>Time</b> 15:00                  |               |                |
| <b>Operator Representative</b> McCann Resources, Inc                                                                    |       | <b>Report Sent Operator</b>                                                                                                                                                                                                                                                |                                                                                  |                                    |               |                |
| <b>Inject Interval</b> 666 - 673                                                                                        |       | <b>USDW</b> 251                                                                                                                                                                                                                                                            |                                                                                  | <b>Well Type</b> Enhanced Recovery |               |                |
| <b>Annulus Fluid Type</b><br>Casing 4.5                                                                                 |       | <b>Concentric Pkr Tubing</b>                                                                                                                                                                                                                                               |                                                                                  | <b>Packer Depth</b>                |               |                |
| <b>Operator Info</b> McCann Resources, Inc<br>1613 West 6th Street<br>Bartlesville, OK 740033404<br>Phone: 918-337-4747 |       |                                                                                                                                                                                                                                                                            | <b>Inventory ID</b> OS2217000                                                    |                                    |               |                |
|                                                                                                                         |       |                                                                                                                                                                                                                                                                            | <b>API Well No</b>                                                               |                                    |               |                |
|                                                                                                                         |       |                                                                                                                                                                                                                                                                            | <b>Lease Name</b> Parker                                                         |                                    |               |                |
|                                                                                                                         |       |                                                                                                                                                                                                                                                                            | <b>Well ID</b> W-85                                                              |                                    |               |                |
|                                                                                                                         |       |                                                                                                                                                                                                                                                                            | <b>Location</b> SW 15 27N 12E                                                    |                                    |               |                |
| <b>Type of MIT</b> Ada Pressure Test                                                                                    |       |                                                                                                                                                                                                                                                                            | <b>Test Reason</b> Compliance Request                                            |                                    |               |                |
| <b>Injecting</b> N                                                                                                      |       | <b>Injection Rate (bpd)</b>                                                                                                                                                                                                                                                |                                                                                  | <b>Tubular Lining</b>              |               |                |
| <b>MIT Due</b>                                                                                                          |       | <b>MIT Freq</b> EVERY FIVE YEARS                                                                                                                                                                                                                                           |                                                                                  | <b>Ann Filled (hrs)</b>            |               |                |
|                                                                                                                         |       |                                                                                                                                                                                                                                                                            |                                                                                  | <b>Ann Press Mont</b>              |               |                |
| <b>Time</b>                                                                                                             |       | <b>Tubing Pressure</b>                                                                                                                                                                                                                                                     |                                                                                  | <b>Annulus Pressure</b>            |               |                |
| <b>Pre-Test</b>                                                                                                         |       | 0                                                                                                                                                                                                                                                                          |                                                                                  |                                    |               |                |
| <b>Initial</b>                                                                                                          | 15:00 | 300                                                                                                                                                                                                                                                                        |                                                                                  | <b>Flowback</b>                    |               |                |
| <b>Mid</b>                                                                                                              | 15:15 | 300                                                                                                                                                                                                                                                                        |                                                                                  | <b>Pressure</b>                    |               |                |
| <b>Final</b>                                                                                                            | 15:30 | 300                                                                                                                                                                                                                                                                        |                                                                                  | <b>Volume</b>                      |               |                |
|                                                                                                                         |       |                                                                                                                                                                                                                                                                            |                                                                                  | <b>High</b>                        |               |                |
|                                                                                                                         |       |                                                                                                                                                                                                                                                                            |                                                                                  | <b>Mid</b>                         |               |                |
|                                                                                                                         |       |                                                                                                                                                                                                                                                                            |                                                                                  | <b>Low</b>                         |               |                |
|                                                                                                                         |       |                                                                                                                                                                                                                                                                            |                                                                                  | <b>End</b>                         |               |                |
|                                                                                                                         |       |                                                                                                                                                                                                                                                                            |                                                                                  | <b>Total Volume</b>                |               |                |
|                                                                                                                         |       |                                                                                                                                                                                                                                                                            | <b>ADA Pressure Test - Required Test Pressure</b>                                |                                    |               |                |
|                                                                                                                         |       |                                                                                                                                                                                                                                                                            | (Fluid Column Ht * Specific Gravity * .433 / N2 Wt Fac = Required Test Pressure) |                                    |               |                |
|                                                                                                                         |       |                                                                                                                                                                                                                                                                            |                                                                                  |                                    | <b>Tubing</b> | <b>Annulus</b> |
|                                                                                                                         |       |                                                                                                                                                                                                                                                                            | <b>Depth to Top Perf/Open Hole</b>                                               |                                    | 666           |                |
|                                                                                                                         |       |                                                                                                                                                                                                                                                                            | <b>Depth to Fluid Level</b>                                                      |                                    | 0             |                |
|                                                                                                                         |       |                                                                                                                                                                                                                                                                            | <b>Fluid Column Level</b>                                                        |                                    | 666           |                |
|                                                                                                                         |       |                                                                                                                                                                                                                                                                            | <b>Specific Gravity of Fluid</b>                                                 |                                    | 1.06          |                |
|                                                                                                                         |       |                                                                                                                                                                                                                                                                            | <b>Nitrogen Weight Factor</b>                                                    |                                    | 1.0239        |                |
|                                                                                                                         |       |                                                                                                                                                                                                                                                                            | <b>Required Pressure Test</b>                                                    |                                    | 298.540       |                |
|                                                                                                                         |       |                                                                                                                                                                                                                                                                            | <b>Remedial Action Type</b>                                                      |                                    |               |                |
| <b>Fluid Migration Test Type</b>                                                                                        |       |                                                                                                                                                                                                                                                                            |                                                                                  | <b>Remedial Action Type</b>        |               |                |
| <b>Inspection Comments</b>                                                                                              |       | Well, OS2217000 consisted of casing reduced to a ball valve, there was no tubing or packer in the well. The well was disconnected and not injecting. The well achieved a test pressure of 300psi and maintained the pressure for the required 30-minute observance period. |                                                                                  |                                    |               |                |
| <b>Inspector Signature</b>                                                                                              |       |                                                                                                                                                                                                                                                                            |                                                                                  |                                    |               |                |
| <b>Supervisor Signature</b>                                                                                             |       |                                                                                                                                                                                                                                                                            |                                                                                  |                                    |               |                |