

**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> 01/16/2025       |                                                                                  | <b>Time</b> 11:30         |          |
| <b>Operator Representative</b> Performance Energy Resources, LLC                                                        |       | <b>Report Sent Operator</b>      |                                                                                  |                           |          |
| <b>Inject Interval</b> 2647 - 3490                                                                                      |       | <b>USDW</b> 478                  |                                                                                  | <b>Well Type</b> Disposal |          |
| <b>Annulus Fluid Type</b> oil                                                                                           |       | <b>Concentric Pkr</b>            |                                                                                  | <b>Packer Depth</b> 2637  |          |
| <b>Casing</b> 5.5                                                                                                       |       | <b>Tubing</b> 2.875              |                                                                                  |                           |          |
| <b>Operator Info</b><br>Performance Energy Resources, LLC<br>P.O. Box 628<br>Barnsdall, OK 74002<br>Phone: 918-847-2531 |       |                                  | <b>Inventory ID</b> OS6314000                                                    |                           |          |
|                                                                                                                         |       |                                  | <b>API Well No</b>                                                               |                           |          |
|                                                                                                                         |       |                                  | <b>Lease Name</b> Conservancy                                                    |                           |          |
|                                                                                                                         |       |                                  | <b>Well ID</b> 11-3W                                                             |                           |          |
|                                                                                                                         |       |                                  | <b>Location</b> SW 31 28N 09E                                                    |                           |          |
| <b>Type of MIT</b> Casing - Tubing Annulus Pressure                                                                     |       |                                  | <b>Test Reason</b> Post Workover                                                 |                           |          |
| <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                                |                                                                                  | 0                         |          |
| <b>Initial</b>                                                                                                          | 11:30 | 0                                | 215                                                                              | <b>Flowback High</b>      | 215      |
| <b>Mid</b>                                                                                                              | 11:45 | 0                                | 215                                                                              | <b>Mid</b>                | 100 2900 |
| <b>Final</b>                                                                                                            | 12:00 | 0                                | 215                                                                              | <b>Low</b>                | 20 2250  |
|                                                                                                                         |       |                                  |                                                                                  | <b>End</b>                | 0 800    |
|                                                                                                                         |       |                                  |                                                                                  | <b>Total Volume</b> 5950  |          |
|                                                                                                                         |       |                                  | <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>                                               |                           |          |
|                                                                                                                         |       |                                  | <b>Depth to Fluid Level</b>                                                      |                           |          |
|                                                                                                                         |       |                                  | <b>Fluid Column Level</b>                                                        |                           |          |
|                                                                                                                         |       |                                  | <b>Specific Gravity of Fluid</b>                                                 |                           |          |
|                                                                                                                         |       |                                  | <b>Nitrogen Weight Factor</b>                                                    |                           |          |
| <b>Required Pressure Test</b>                                                                                           |       |                                  |                                                                                  |                           |          |
| <b>Remedial Action Type</b>                                                                                             |       |                                  |                                                                                  |                           |          |
| <b>Fluid Migration Test Type</b>                                                                                        |       | <b>Remedial Action Type</b>      |                                                                                  |                           |          |
| <b>Inspection Comments</b>                                                                                              |       |                                  |                                                                                  |                           |          |
| <b>Inspector Signature</b>                                                                                              |       |                                  |                                                                                  |                           |          |
| <b>Supervisor Signature</b>                                                                                             |       |                                  |                                                                                  |                           |          |