

FORM
17
Rev
11/20

State of Colorado
Energy & Carbon Management Commission



Document Number:
403820880

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

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: 10770 3. BLM Lease No: _____
 2. Name of Operator: VISION ENERGY LLC
 4. API Number; 05-103-09092-00 5. Multiple completion? Yes No
 6. Well Name: SOLDIER CANYON Number: 25-4
 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWSW,25,4S,101W,6
 8. County RIO BLANCO 9. Field Name: TRAIL CANYON
 10. Minerals: Fee State Federal Indian

11. Date of Test: 06/12/2024
 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: <u>95</u> Fm: _____	Tubing: _____ Fm: _____	Prod Csg <u>100</u> Fm: _____	Intermediate Csg: <u>130</u>	Surf. Csg <u>0</u>
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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

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:	Bradenhead Fluid:
00:00	95		100	130	NO FLOW	NONE
05:00	95		100	130	NO FLOW	NONE
10:00	95		100	130	NO FLOW	NONE
15:00	95		100	130	NO FLOW	NONE
20:00	95		100	130	NO FLOW	NONE
25:00	95		100	130	NO FLOW	NONE
30:00	95		100	130	NO FLOW	NONE
REQUIRED - Instantaneous Bradenhead Pressure at End of Test: <u>0</u> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Confirmed open? <input checked="" 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:
	00:00	95		100	130	DOWN TO 0	NONE
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid	05:00	95		100	0	WHISPER	NONE
	10:00	95		100	0	WHISPER	NONE
Character of Intermediate fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black Other:(describe) _____	15:00	95		100	0	WHISPER	NONE
	20:00	95		100	0	WHISPER	NONE
	25:00	95		100	0	WHISPER	NONE
	30:00	95		100	0	WHISPER	NONE
REQUIRED - Instantaneous Intermediate Casing Pressure at End of Test: <u>0</u> PSIG							

Comments: Annual Test

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

Test Performed By: Aaron Dembowski Title: PUmper Phone: (970) 563-4000
 Signed: Phoebe Bechtolt Title: Production Date: 6/15/2024
 Witnessed By: _____ Title: _____ Agency: _____