

**FORM**  
**17**  
Rev  
11/20

**State of Colorado**  
**Energy & Carbon Management Commission**



Document Number:  
404226840

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**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: 10844      3. BLM Lease No: \_\_\_\_\_  
 2. Name of Operator: QB ENERGY OPERATING LLC  
 4. API Number; 05-045-15200-00      5. Multiple completion?     Yes     No  
 6. Well Name: N. PARACHUTE      Number: EF06C-31 N30 59  
 7. Location (QtrQtr, Sec, Twp, Rng, Meridian): SESW,30,5S,95W,6  
 8. County GARFIELD      9. Field Name: GRAND VALLEY  
 10. Minerals:     Fee     State     Federal     Indian

11. Date of Test: 05/01/2025  
 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: _____ Fm: _____	Tubing: <u>244</u> Fm: _____	Prod Csg <u>245</u> Fm: _____	Intermediate Csg: _____	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 H<sub>2</sub>O; 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 BRADENHEAD SAMPLE TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid Character of Bradenhead fluid: <input type="checkbox"/> Clear <input type="checkbox"/> Fresh <input type="checkbox"/> Sulfur <input type="checkbox"/> Salty <input type="checkbox"/> Black Other:(describe) <u>1/2 inch Ball Valve</u>	Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:	Bradenhead Fluid:
	00:00		244	245		NO FLOW	NONE
	05:00		288	287		NO FLOW	NONE
	10:00		300	301		NO FLOW	NONE
	15:00		310	309		NO FLOW	NONE
	20:00		318	320		NO FLOW	NONE
	25:00		324	326		NO FLOW	NONE
	30:00		327	326		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 H<sub>2</sub>O; 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	00:00							
INTERMEDIATE SAMPLE TAKEN? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Gas <input type="checkbox"/> Liquid	05:00							
	10:00							
	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						
		20:00						
25:00								
	30:00							
REQUIRED - Instantaneous Intermediate Casing Pressure at End of Test: _____ 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: Jason Smith Title: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Signed: Hannah Persichitte Title: Regulatory Tech Date: 6/3/2025

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