

FORM  
5A

Rev  
09/20

State of Colorado

Energy & Carbon Management Commission

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



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Document Number:  
404396627

Date Received:  
10/20/2025

COMPLETED INTERVAL REPORT

The Completed Interval Report, Form 5A, will be submitted by the Operator within thirty (30) days after the operations listed in Rule 416.a. The Operator will report the details of any Stimulation performed including, but not limited to, Hydraulic Fracturing Treatment and acidizing Stimulation. In order to resolve completed interval information uncertainties, the Director may require an Operator to submit further information in an additional Form 5A.

1. ECMC Operator Number: 10844

2. Name of Operator: QB ENERGY OPERATING LLC

3. Address: 1001 17TH STREET SUITE 1600  
City: DENVER State: CO Zip: 80202

4. Contact Name: Hannah Persichitte  
Phone: (303) 997-3010  
Fax: \_\_\_\_\_  
Email: hannahp@qb-energy.com

5. API Number 05-045-12205-00

6. County: GARFIELD

7. Well Name: N.PARACHUTE Well Number: MF 05B D09A 696

8. Location: QtrQtr: NWNW Section: 9 Township: 6S Range: 96W Meridian: 6

9. Field Name: GRAND VALLEY Field Code: 31290

10. If Directional, footage at Top of Prod. Zone: 1357 Feet FNL 400 Feet FWL  
Sec: 9 Twp: 6S Rng: 96W

### Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING Treatment Type: HYDRAULIC FRACTURING

Treatment Date: 07/02/2007 End Date: 07/09/2007 Date this Formation was Completed: 07/12/2007

Perforations Top: 4209 Bottom: 7424 No. Holes: 300 Hole size: 42/100 Open Hole:

Describe the Formation Treatment, including the following: type of fluid used (gel, slickwater, etc.), type and concentration of acid used (HCl, HF, etc.), types and amounts of proppant(s) used, depth details of multiple zones, and method used to determine flowback volume.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): \_\_\_\_\_ Max pressure during treatment (psi): \_\_\_\_\_  
Total gas used in treatment (mcf): \_\_\_\_\_ Fluid density at initial fracture (lbs/gal): \_\_\_\_\_  
Type of gas used in treatment: \_\_\_\_\_ Min frac gradient (psi/ft): \_\_\_\_\_  
Total acid used in treatment (bbl): \_\_\_\_\_ Number of staged intervals: \_\_\_\_\_  
Recycled or Reused Fluids used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): \_\_\_\_\_  
Recycled Produced Water Alternative used in treatment (bbls): \_\_\_\_\_  
Fresh water used in treatment (bbl): \_\_\_\_\_ Disposition method for flowback: \_\_\_\_\_  
Total proppant used (lbs): \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

**Test Information:**

Hours: \_\_\_\_\_ Bbl oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbl H2O: \_\_\_\_\_  
Date: \_\_\_\_\_ Calculated 24 hour rate: Bbl oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbl H2O: \_\_\_\_\_ GOR: \_\_\_\_\_  
Test Method: \_\_\_\_\_ Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_  
Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ Btu Gas: \_\_\_\_\_ API Gravity Oil: \_\_\_\_\_  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5204 Tbg setting date: 08/10/2007 Packer Depth: \_\_\_\_\_  
Reason for Non-Production:   
Date formation Abandoned: \_\_\_\_\_ Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_  
\*\* Bridge Plug Depth: \_\_\_\_\_ \*\* Sacks cement on top: \_\_\_\_\_ \*\* Wireline and Cement Job Summary must be attached.

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.  
Signed: \_\_\_\_\_ Print Name: Hannah Persichitte  
Title: Regulatory Tech Date: 10/20/2025 Email: hannahp@qb-energy.com

### ATTACHMENT LIST

Att Doc Num	Name
404396627	FORM 5A SUBMITTED
404397531	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

		Stamp Upon Approval
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Total: 0 comment(s)