

FORM
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State of Colorado

Oil and Gas Conservation Commission

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



DE ET OE ES

Document Number:

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BRADENHEAD TEST REPORT

Step 1. Record all tubing and casing pressures as found. Step 2. Sample now. If intermediate or surface casing pressure > 25 psi. In sensitive areas, 1 psi.
Step 3. Conduct Bradenhead test. Step 4. Conduct intermediate casing test. Step 5. Send report to BLM within 3 days and to OGCC within 10 days. Include wellbore diagram if not previously submitted or if wellbore configuration has changed since prior program. Attach gas and liquid analyses if sampled.

1. OGCC Operator Number: 100185 3. BLM Lease No: _____
2. Name of Operator: ENCANA OIL & GAS (USA) INC
4. API Number: 05-045-09548-00 5. Multiple completion? ☐ Yes ☐ No
6. Well Name: S.PARACHUTE TBI Number: 36-33D
7. Location (QtrQtr, Sec, Twp, Rng, Meridian): NESW,36,7S,96W,6
8. County GARFIELD 9. Field Name: PARACHUTE
10. Minerals: ☐ Fee ☐ State ☐ Federal ☐ Indian

11. Date of Test: 10/12/2013

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: 211 Fm: _____	Tubing: _____ Fm: _____	Prod Csg 219 Fm: _____	Intermediate Csg: _____	Surf. Csg 161
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BRADENHEAD TEST

Buried valve? ☐ Yes ☒ NoConfirmed open? ☒ Yes ☐ No

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 Define characteristics of flow in "Bradenhead Flow" column using letter designations below:

O = No Flow; C = Continuous; D = Down to 0; V = Vapor
H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas

BRADENHEAD SAMPLE TAKEN?

☐ Yes ☒ No ☐ Gas ☐ LiquidCharacter of Bradenhead fluid: ☐ Clear ☐ Fresh☐ Sulfur ☐ Salty ☐ Black

Other:(describe)

Sample cylinder number:

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
00:00	<input type="checkbox"/> 211	<input type="checkbox"/>	<input type="checkbox"/> 219		G
05:00	<input type="checkbox"/> 211	<input type="checkbox"/>	<input type="checkbox"/> 221		D
10:00	<input type="checkbox"/> 211	<input type="checkbox"/>	<input type="checkbox"/> 221		D
15:00	<input type="checkbox"/> 211	<input type="checkbox"/>	<input type="checkbox"/> 221		D
20:00	<input type="checkbox"/> 211	<input type="checkbox"/>	<input type="checkbox"/> 221		D
25:00	<input type="checkbox"/> 211	<input type="checkbox"/>	<input type="checkbox"/> 221		D
30:00	<input type="checkbox"/> 211	<input type="checkbox"/>	<input type="checkbox"/> 221		D

Instantaneous Bradenhead PSIG at end of test: > 0

INTERMEDIATE CASING TEST

Buried valve? ☐ Yes ☐ NoConfirmed open? ☐ Yes ☐ No

With gauges monitoring production, intermediate casing and tubing pressures, open the intermediate casing valve. Record pressures at five minute intervals Characterize flow in "Intermediate Flow" column using letter designations below:

O = No Flow; C = Continuous; D = Down to 0; V = Vapor
H = Water H2O; M = Mud; W = Whisper; S = Surge; G = Gas

INTERMEDIATE SAMPLE TAKEN?

☐ Yes ☐ No ☐ Gas ☐ LiquidCharacter of Intermediate fluid: ☐ Clear ☐ Fresh☐ Sulfur ☐ Salty ☐ Black

Other:(describe)

Sample cylinder number:

Instantaneous Intermediate Casing PSIG at end of test: >

Elapsed Time (Min:Sec)	Fm: Tubing	Fm: Tubing:	Prod Csg PSIG	Intermedia Csg PSIG	Bradenhead Flow:
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Comments:

WELL WAS ON VENT PRIOR TO TEST

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

Test Performed By: MATT ROWE Title: LEASE OPERATOR Phone: (720) 876-3041

Signed: RUTHANN MORSS Title: REGULATORY ANALYST Date: 11/5/2013

Witnessed By: Title: Agency: