



Receive Date:
02/26/2014

Accident Tracking No.:
400562068

WELL CONTROL REPORT

As required by Rule 327.

CONTACT INFORMATION

Initial Notice of Well Control Event

1. OGCC Operator Number: <u>100322</u>	4 Contact Name: <u>Justin Garrett</u>
2. Name of Operator: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 228 4449</u>
3. Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>(303) 228 4286</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>JDGarrett@nobleenergyinc.com</u>

WELL INFORMATION

5. API Number: 05- <u>123-38195</u>	6. County: <u>WELD</u>
7. Well Name: <u>OSCAR Y</u>	8. Welly Number: <u>10-76-1HN</u>
9. Unit Name: _____	10. Unit Number: _____
11. Location: QTRQTR: <u>NESW</u> Sec: <u>10</u> Twp: <u>2N</u> Rng: <u>64W</u> Meridian: <u>6</u>	Lat: _____ Long: _____
12. Footage from Exterior Section Lines: Distance: _____ feet, Direction: _____	Distance: _____ feet, Direction: _____
13. Field Name: <u>WATTENBERG</u>	14. Field Number: <u>90750</u>

CURRENT WELLBORE INFORMATION

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status

WELL CONTROL INFORMATION

17. Type of Well Control: Drilling

18. True Vertical Depth at Well Control Event: 9785 feet.

19. Formation at Well Control Event: NIOBRARA

20. Formation Code: NBRR

21. Shut-in Drill Pipe Pressure (SIDPP): 344 psi.

22. Shut-in Casing Pressure (SICP): 301 psi.

23. Mud Weight at Time of Well Control Events: 9.6 ppg.

24. Pit Gain: 10 lbs.

25. Time Shut-in: 1:30 AM Date Shut-in: 02/25/2014

26. Mud Weight Required for Well Control: 10.8 ppg.

27. Fluid Type of In-Flow: Gas

28. Comments (describe actions taken to provide well control in detail):

Precision 828 experienced a gas kick while drilling the lateral section and well had to be shut in on 2/25/14 @ 01:30hrs on the Oscar Y10-76-1HN. Gas was circulated out and well was killed on 2/25/14 @ 17:00hrs. Kick took a 10.8ppg kill weight mud. The field inspector, Jim Precup, voice mail was full and so was unable to leave message. I left a voice message with the area engineer, Diana Burn with the COGCC.

OPERATOR COMMENTS and SUBMITTAL

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This form must be signed by an authorized agent of the entity making assertion.

I certify under penalty of perjury that this report has been examined by me and to the best of my knowledge is true, correct and complete.

Print Name: Justin Garrett Email: JDGarrett@nobleenergyinc.com
Signature: _____ Title: Regulatory Analyst Date: 02/26/2014

CONDITIONS OF APPROVAL, IF ANY:

<u>COA Type</u>	<u>Description</u>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400562068	FORM 23 SUBMITTED

Total Attach: 1 Files