

State of Colorado
Oil and Gas Conservation Commission

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



OGCC RECEPTION

Receive Date:
09/02/2011

Accident Tracking No.:
2055238

WELL CONTROL REPORT

As required by Rule 327.

CONTACT INFORMATION

1. OGCC Operator Number: 100185 4 Contact Name: GREG SCHNEIDER
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (303) 513-8929
 3. Address: 370 17TH ST STE 1700 Fax: ()
 City: DENVER State: CO Zip: 80202 Email: _____

WELL INFORMATION

5. API Number: 05- 045-20185 6. County: GARFIELD
 7. Well Name: FEDERAL SAVAGE 8. Welly Number: 11-3C (RD-11)
 9. Unit Name: _____ 10. Unit Number: _____
 11. Location: QTRQTR: NWNW Sec: 11 Twp: 7S Rng: 94W Meridian: 6
 Lat: _____ Long: _____
 12. Footage from Exterior Section Lines: Distance: 102 feet, Direction: FNL Distance: 123 feet, Direction: FWL
 13. Field Name: RULISON 14. Field Number: 75400

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: _____
 18. True Vertical Depth at Well Control Event:: _____ feet.
 19. Formation at Well Control Event: WILLIAMS FORK
 20. Formation Code: WMFK
 21. Shut-in Drill Pipe Pressure (SIDPP): 250 psi.
 22. Shut-in Casing Pressure (SICP): 375 psi.
 23. Mud Weight at Time of Well Control Events: 9.6 ppg.
 24. Pit Gain: 60 lbs.
 25. Time Shut-in: 08:30 Date Shut-in: 09/01/2011
 26. Mud Weight Required for Well Control: 9.8 ppg.
 27. Fluid Type of In-Flow: GAS
 28. Comments (describe actions taken to provide well control in detail):

TOOK A 60 BBL GAIN WHILE DRILLING AHEAD AFTER A CONNECTION. ALSO NOTED A 350 PSI DROP IN SPP. SHUT THE WELL IN AND RECORDED 250 PSI SIDPP AND 375 PSI SICP. USED THE DRILLER'S METHOD AND WEIGHTED UP TO 9.8 PPG. WAS ONLY ABLE TO CIRCULATE AT 10 SPM AT FIRST DUE TO DOWNHOLE LOSSES. LOST 180 BBLs OF FLUID DURING WELL CONTROL OPERATIONS. THE WELL IS CURRENTLY STABLE AND WE'RE DRILLING AHEAD WITH A 9.8 PPG MW.

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: GREG SCHNEIDER Email: 0
Signature: _____ Title: _____ Date: 09/02/2011

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>

Total Attach: 0 Files