

State of Colorado  
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109

OGCC RECEPTION

Receive Date:  
11/07/2006Accident Tracking No.:  
1750755

## WELL CONTROL REPORT

As required by Rule 327.

## CONTACT INFORMATION

1. OGCC Operator Number: 18600 4 Contact Name: LARRY KENNEDY  
2. Name of Operator: COLORADO INTERSTATE GAS COMPANY Phone: (719) 520-4287  
3. Address: P.O. BOX 1087 Fax: (719) 667-7768  
City: COLORADO State: CO Zip: 80944 Email: \_\_\_\_\_

## WELL INFORMATION

5. API Number: 05- 087-07228 6. County: MORGAN  
7. Well Name: FORT MORGAN UNIT 8. Welly Number: 26  
9. Unit Name: \_\_\_\_\_ 10. Unit Number: \_\_\_\_\_  
11. Location: QTRQTR: SWNE Sec: 25 Twp: 3N Rng: 58W Meridian: 6  
Lat: \_\_\_\_\_ Long: \_\_\_\_\_  
12. Footage from Exterior Section Lines: Distance: 253 feet, Direction: FNL Distance: 180 feet, Direction: FEL  
13. Field Name: FORT MORGAN 14. Field Number: 26200

## 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: \_\_\_\_\_  
20. Formation Code: \_\_\_\_\_  
21. Shut-in Drill Pipe Pressure (SIDPP): \_\_\_\_\_ psi.  
22. Shut-in Casing Pressure (SICP): \_\_\_\_\_ psi.  
23. Mud Weight at Time of Well Control Events: \_\_\_\_\_ ppg.  
24. Pit Gain: \_\_\_\_\_ lbs.  
25. Time Shut-in: 19:00 Date Shut-in: 10/22/2006  
26. Mud Weight Required for Well Control: \_\_\_\_\_ ppg.  
27. Fluid Type of In-Flow: \_\_\_\_\_  
28. Comments (describe actions taken to provide well control in detail):

SURFACE RELEASE OF STORAGE FIELD GAS. PRODUCTION CASING LEAK AT 846'. STORAGE FIELD GAS RELEASED IN AN UNDERGROUND BLOWOUT THROUGH CASING LEAK. CIBP'S SET AT 5460' AND 5420' TO STOP GAS FLOW. SEE LETTER ATTACHED TO FORM 23 FOR ADDITIONAL DETAILS (DOCUMENT NO. 1750755 FOR DETAILS).

**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: LARRY KENNEDY Email: 0

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: 11/07/2006

**CONDITIONS OF APPROVAL, IF ANY:****COA Type****Description**

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**General Comments****User Group****Comment****Comment Date**

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Total: 0 comment(s)

**Attachment Check List****Att Doc Num****Name**

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Total Attach: 0 Files