

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:
09/19/2008

Accident Tracking No.:
1999813

WELL CONTROL REPORT

As required by Rule 327.

CONTACT INFORMATION

1. OGCC Operator Number: 100185 4 Contact Name: JOHN GRUBICH
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (970) 379-6735
 3. Address: 370 17TH ST STE 1700 Fax: ()
 City: DENVER State: CO Zip: 80202 Email: _____

WELL INFORMATION

5. API Number: 05- 045-15581 6. County: GARFIELD
 7. Well Name: ENCANA 8. Welly Number: 11-4D (F11E)
 9. Unit Name: HUNTER MESA 10. Unit Number: COC55972E
 11. Location: QTRQTR: SENW Sec: 11 Twp: 7S Rng: 92W Meridian: 6
 Lat: _____ Long: _____
 12. Footage from Exterior Section Lines: Distance: 166 feet, Direction: FNL Distance: 148 feet, Direction: FWL
 13. Field Name: MAMM CREEK 14. Field Number: 52500

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 (BASE J)
 20. Formation Code: WMFK
 21. Shut-in Drill Pipe Pressure (SIDPP): 650 psi.
 22. Shut-in Casing Pressure (SICP): 350 psi.
 23. Mud Weight at Time of Well Control Events: 11.4 ppg.
 24. Pit Gain: 20 lbs.
 25. Time Shut-in: 12:25 Date Shut-in: 09/19/2008
 26. Mud Weight Required for Well Control: 11.8 ppg.
 27. Fluid Type of In-Flow: GAS
 28. Comments (describe actions taken to provide well control in detail):

WE TOOK A 20 BBLS GAIN IN PIT. PICKED UP OFF BOTTOM. CHECKED FOR FLOW. SHUT WELL IN AND TOOK SIDPP 650 PSI AND SICP 350 PSI. WE USED THE DRILLERS METHOD TO KILL THE WELL AND CIRCULATED GAS OUT OF HOLE THROUGH SUPER CHOKE. WHILE CIRCULATING GAS OUT WE BUILD MUD WT FROM 11.4 TO 11.8 @ 40 SPM AND WE ARE BACK TO DRILLING.

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: JOHN GRUBICH Email: 0
Signature: _____ Title: _____ Date: 09/19/2008

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