

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:

06/23/2004

Accident Tracking No.:

1624630

WELL CONTROL REPORT

As required by Rule 327.

CONTACT INFORMATION

1. OGCC Operator Number: 100185 4 Contact Name: JOHN MORAN
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (303) 389-5066
 3. Address: 950 17TH ST STE 2600 Fax: (720) 956-3710
 City: DENVER State: CO Zip: 80202 Email: _____

WELL INFORMATION

5. API Number: 05- 045-09986 6. County: GARFIELD
 7. Well Name: ROSE RANCH 8. Welly Number: 22-1A (A22W)
 9. Unit Name: HUNTER MESA 10. Unit Number: COC55279X
 11. Location: QTRQTR: NENE Sec: 22 Twp: 7S Rng: 93W Meridian: 6
 Lat: _____ Long: _____
 12. Footage from Exterior Section Lines: Distance: 648 feet, Direction: FNL Distance: 276 feet, Direction: FEL
 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
 20. Formation Code: WMFK
 21. Shut-in Drill Pipe Pressure (SIDPP): 50 psi.
 22. Shut-in Casing Pressure (SICP): 600 psi.
 23. Mud Weight at Time of Well Control Events: 9.6 ppg.
 24. Pit Gain: 10 lbs.
 25. Time Shut-in: 02:30 Date Shut-in: 06/23/2004
 26. Mud Weight Required for Well Control: 10.2 ppg.
 27. Fluid Type of In-Flow: GAS
 28. Comments (describe actions taken to provide well control in detail):

TOOK ON 10 BLS MUD GAIN. WELL FLOWING. PICKED UP. OPENED CHOKE. CLOSED HYDRIL. CIRCULATED GAS OUT. LOST PARTIAL CIRCULATION. BUILT MUD VOLUME. CIRCULATED OUT THROUGH CHOKE. GAINED FULL CIRCULATION. RESUMED DRILLING AT 16:00. NOTIFIED RIFLE FIRE DEPARTMENT OF FLARE AT 03:00. NOTIFIED JAIME ADKINS (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: JOHN MORAN Email: 0

Signature: _____ Title: _____ Date: 06/23/2004

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