

**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:  
03/09/2010

Accident Tracking No.:  
2054280

**WELL CONTROL REPORT**

As required by Rule 327.

**CONTACT INFORMATION**

1. OGCC Operator Number: 100185 4 Contact Name: STEVEN HENNING  
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5329  
 3. Address: 370 17TH ST STE 1700 Fax: (720) 876-6329  
 City: DENVER State: CO Zip: 80202 Email: \_\_\_\_\_

**WELL INFORMATION**

5. API Number: 05- 045-18919 6. County: GARFIELD  
 7. Well Name: N. PARACHUTE WF16A-21 8. Welly Number: K22 596  
 9. Unit Name: \_\_\_\_\_ 10. Unit Number: \_\_\_\_\_  
 11. Location: QTRQTR: NESW Sec: 22 Twp: 5S Rng: 96W Meridian: 6  
 Lat: \_\_\_\_\_ Long: \_\_\_\_\_  
 12. Footage from Exterior Section Lines: Distance: 212 feet, Direction: FSL Distance: 157 feet, Direction: FWL  
 13. Field Name: GRAND VALLEY 14. Field Number: 31290

**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): 200 psi.  
 22. Shut-in Casing Pressure (SICP): 300 psi.  
 23. Mud Weight at Time of Well Control Events: 11 ppg.  
 24. Pit Gain: 48 lbs.  
 25. Time Shut-in: 10:30 Date Shut-in: 03/08/2010  
 26. Mud Weight Required for Well Control: 11.4 ppg.  
 27. Fluid Type of In-Flow: GAS  
 28. Comments (describe actions taken to provide well control in detail):

WELL AT TD. NOTICED GAIN AFTER SHORT TRIP. AFTER SHUT IN OF WELL, THE GAIN WAS DETERMINED TO BE 48 BBLs. CIRCULATED OUT GAS AND GRADUALLY BROUGHT WEIGHT UP TO 11.4 PPG BEFORE FINAL TRIP OUT OF HOLE.

**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: STEVEN HENNING Email: 0  
Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: 03/09/2010

**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