

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:
10/12/2007Accident Tracking No.:
1821842

WELL CONTROL REPORT

As required by Rule 327.

CONTACT INFORMATION

1. OGCC Operator Number: 100185 4 Contact Name: MIRACLE PFISTER
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3761
 3. Address: 370 17TH ST STE 1700 Fax: (720) 876-6060
 City: DENVER State: CO Zip: 80202 Email: _____

WELL INFORMATION

5. API Number: 05- 045-14320 6. County: GARFIELD
 7. Well Name: CHEROKEE MOUNTAIN ESTATES 8. Welly Number: 3-14C (N3E)
 9. Unit Name: HUNTER MESA 10. Unit Number: COC55972X
 11. Location: QTRQTR: SESW Sec: 3 Twp: 7S Rng: 92W Meridian: 6
 Lat: _____ Long: _____
 12. Footage from Exterior Section Lines: Distance: 863 feet, Direction: FSL Distance: 194 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
 20. Formation Code: WMFK
 21. Shut-in Drill Pipe Pressure (SIDPP): 100 psi.
 22. Shut-in Casing Pressure (SICP): 360 psi.
 23. Mud Weight at Time of Well Control Events: 9.2 ppg.
 24. Pit Gain: 70 lbs.
 25. Time Shut-in: 7:00 Date Shut-in: 10/12/2007
 26. Mud Weight Required for Well Control: 9.9 ppg.
 27. Fluid Type of In-Flow: Gas
 28. Comments (describe actions taken to provide well control in detail):

TOOK KICK. PUMPS WENT DOWN. SHUT IN WELL TILL PUMPS BACK ON LINE. TRIED TO CIRCULATE OUT KICK RAISING WEIGHT TO 9.9 PPG AND 10% LCM AT START OF CIRCULATION AND 20% LCM AT FINISH. NO RETURNS. LOST 400 BBLS MUD. SHUT IN WELL AND BUILT VOLUME. WEIGHTED UP SYSTEM TO 9.9 PPG AND 20% LCM. REGAINED CIRCULATION AND CIRCULATED OUT KICK.

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: MIRACLE PFISTER Email: 0
Signature: _____ Title: _____ Date: 10/12/2007

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