

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:  
03/31/2006Accident Tracking No.:  
1743339

## WELL CONTROL REPORT

As required by Rule 327.

## CONTACT INFORMATION

1. OGCC Operator Number: 100185 4 Contact Name: RUTHANN MORSS  
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5060  
3. Address: 370 17TH ST STE 1700 Fax: (720) 876-6060  
City: DENVER State: CO Zip: 80202 Email: \_\_\_\_\_

## WELL INFORMATION

5. API Number: 05- 045-13528 6. County: GARFIELD  
7. Well Name: FEDERAL 8. Welly Number: 25-10(PK25)  
9. Unit Name: \_\_\_\_\_ 10. Unit Number: \_\_\_\_\_  
11. Location: QTRQTR: NESW Sec: 25 Twp: 7S Rng: 96W Meridian: 6  
Lat: \_\_\_\_\_ Long: \_\_\_\_\_  
12. Footage from Exterior Section Lines: Distance: 168 feet, Direction: FSL Distance: 197 feet, Direction: FWL  
13. Field Name: PARACHUTE 14. Field Number: 67350

## 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: CORCORAN  
20. Formation Code: CRCRN  
21. Shut-in Drill Pipe Pressure (SIDPP): 0 psi.  
22. Shut-in Casing Pressure (SICP): 300 psi.  
23. Mud Weight at Time of Well Control Events: 9.4 ppg.  
24. Pit Gain: 38 lbs.  
25. Time Shut-in: 16:00 Date Shut-in: 05/25/2005  
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):

DID A SOFT SHUT-IN. RECORDED CASING PRESSURE. RAISED MUD WEIGHT TO 9.9#. CIRCULATED OUT KICK. HAD TO BUILD VOLUME AND RAISE LCM CONTENT TO 40% TO CONTROL FLUID LOSS. MIXED MUD FROM 16:00 ON 5/25 TO NOON ON 5/26. RESUMED DRILLING AT THIS TIME.

**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: RUTHANN MORSS Email: 0

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: 03/31/2006

**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