

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:
03/31/2006

Accident 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:

<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