

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:
02/19/2009

Accident Tracking No.:
2031356

WELL CONTROL REPORT

As required by Rule 327.

CONTACT INFORMATION

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

WELL INFORMATION

5. API Number: 05- 045-17699 6. County: GARFIELD
 7. Well Name: ENCANA 8. Welly Number: 11-6A(F11E)
 9. Unit Name: HUNTER MESA 10. Unit Number: COC55972E
 11. Location: QTRQTR: SENW Sec: 11 Twp: 7S Rng: 92W Meridian: 6
 Lat: _____ Long: _____
 12. Footage from Exterior Section Lines: Distance: 169 feet, Direction: FNL Distance: 155 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): _____ psi.
 22. Shut-in Casing Pressure (SICP): 200 psi.
 23. Mud Weight at Time of Well Control Events: 12.2 ppg.
 24. Pit Gain: 49 lbs.
 25. Time Shut-in: 03:30 Date Shut-in: 12/20/2008
 26. Mud Weight Required for Well Control: 12.8 ppg.
 27. Fluid Type of In-Flow: GAS
 28. Comments (describe actions taken to provide well control in detail):

PIPE WAS OUT OF HOLE. HOLE WAS NOT FILLED PROPERLY, CAUSING KICK. SHUT WELL IN. 200 PSI. PRESSURE CONTINUED TO BUILD TO 700 PSI THEN WE BLED PRESSURE OFF TO 400 PSI AND PUMPED 20-30 BBLS INTO WELL. ALLOWED GAS TO MIGRATE TO SURFACE. BUILD PRESSURE TO 700 PSI. CONTINUED WITH THIS UNTIL WE WERE ABLE TO START STRIPPING PIPE INTO HOLE, HOLDING 100 PSI BACK PRESSURE UNTIL WE HAD PARTIAL CIRR. CIRR MUD AROUND AND REGAINED CIRR. THEN WE BUILT MUD UP TO 12.8 WT AND KILLED WELL.

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: STEVE HENNING Email: 0
Signature: _____ Title: _____ Date: 02/19/2009

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