

**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:  
12/28/2009

Accident Tracking No.:  
1857067

**WELL CONTROL REPORT**

As required by Rule 327.

**CONTACT INFORMATION**

1. OGCC Operator Number: 69175 4 Contact Name: ADELL HENEGHAN  
 2. Name of Operator: PETROLEUM DEVELOPMENT CORPORATION Phone: (970) 285-9606  
 3. Address: 1775 SHERMAN STREET STE 3000 Fax: (970) 285-9619  
 City: DENVER State: CO Zip: 80203 Email: \_\_\_\_\_

**WELL INFORMATION**

5. API Number: 05- 045-11736 6. County: GARFIELD  
 7. Well Name: CHEVRON 8. Welly Number: 8E-5D  
 9. Unit Name: \_\_\_\_\_ 10. Unit Number: \_\_\_\_\_  
 11. Location: QTRQTR: SWNW Sec: 4 Twp: 6S Rng: 96W Meridian: 6  
 Lat: \_\_\_\_\_ Long: \_\_\_\_\_  
 12. Footage from Exterior Section Lines: Distance: 255 feet, Direction: FNL Distance: 548 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): 0 psi.  
 22. Shut-in Casing Pressure (SICP): 380 psi.  
 23. Mud Weight at Time of Well Control Events: 8.4 ppg.  
 24. Pit Gain: 0 lbs.  
 25. Time Shut-in: \_\_\_\_\_ Date Shut-in: 12/16/2009  
 26. Mud Weight Required for Well Control: 8.4 ppg.  
 27. Fluid Type of In-Flow: \_\_\_\_\_  
 28. Comments (describe actions taken to provide well control in detail):

SURFACE RELEASE DURING WORKOVER OPERATIONS. FISHING OPERATIONS AT TIME. THE WELL WAS KILLED WHILE THE BOTTOM HOLE ASSEMBLY WAS BEING MADE UP. AFTER REGAINING CONTROL OF WELL BY PUMPING ADDITIONAL MUD, THE RELEASE WAS CONTAINED WITHIN THE LOCATION STORMWATER BMP'S AND ABSORBENT BOOMS AND PADS. FREE LIQUIDS WERE VACCUMED OFF THE LOCATION AND TAKEN FOR DISPOSAL. THE PERIMETER BERM WAS REPAIRED WITH NATIVE MATERIALS.

**OPERATOR COMMENTS and SUBMITTAL**

--

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: ADELL HENEGHAN Email: 0  
Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: 12/28/2009

**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