

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:
03/25/2010

Accident Tracking No.:
2054328

WELL CONTROL REPORT

As required by Rule 327.

CONTACT INFORMATION

1. OGCC Operator Number: 100185 4 Contact Name: STEVEN HENNING
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5329
 3. Address: 370 17TH ST STE 1700 Fax: (720) 876-6329
 City: DENVER State: CO Zip: 80202 Email: _____

WELL INFORMATION

5. API Number: 05- 045-18921 6. County: GARFIELD
 7. Well Name: N. Parachute WF16D-21 8. Welly Number: K22 596
 9. Unit Name: _____ 10. Unit Number: _____
 11. Location: QTRQTR: NESW Sec: 22 Twp: 5S Rng: 96W Meridian: 6
 Lat: _____ Long: _____
 12. Footage from Exterior Section Lines: Distance: _____ feet, Direction: _____ Distance: _____ feet, Direction: _____
 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): 290 psi.
 23. Mud Weight at Time of Well Control Events: 9.7 ppg.
 24. Pit Gain: 72 lbs.
 25. Time Shut-in: 14:00 Date Shut-in: 03/20/2010
 26. Mud Weight Required for Well Control: 10.3 ppg.
 27. Fluid Type of In-Flow: GAS
 28. Comments (describe actions taken to provide well control in detail):

TOOK KICK DURING CONNECTION, SHUT WELL IN AND CIRCULATED GAS OUT HOLDING CONSTANT BACK PRESSURE. BROUGHT MUD WEIGHT UP TO 10.3 PPG TO KILL THE WELL. CONTINUED TO WEIGHT UP TO 11.2 PPG TO HOLD BACK BACKGROUND GAS.

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: STEVEN HENNING Email: 0
Signature: _____ Title: _____ Date: 03/25/2010

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