

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:
06/27/2011

Accident Tracking No.:
2055154

WELL CONTROL REPORT

As required by Rule 327.

CONTACT INFORMATION

1. OGCC Operator Number: 96850 4 Contact Name: NICOLE FOSTER
 2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY Phone: (970) 274-2079
 3. Address: 1001 17TH STREET STE 1200 Fax: (970) 285-2047
 City: DENVER State: CO Zip: 80202 Email: _____

WELL INFORMATION

5. API Number: 05- 045-19987 6. County: GARFIELD
 7. Well Name: FEDERAL 8. Welly Number: SR 544-9
 9. Unit Name: _____ 10. Unit Number: _____
 11. Location: QTRQTR: NWSE Sec: 9 Twp: 7S Rng: 94W Meridian: 6
 Lat: _____ Long: _____
 12. Footage from Exterior Section Lines: Distance: 165 feet, Direction: FSL Distance: 153 feet, Direction: FEL
 13. Field Name: RULISON 14. Field Number: 75400

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: CAMEO COAL
 20. Formation Code: CMEOC
 21. Shut-in Drill Pipe Pressure (SIDPP): 0 psi.
 22. Shut-in Casing Pressure (SICP): 100 psi.
 23. Mud Weight at Time of Well Control Events: 9.7 ppg.
 24. Pit Gain: 75 lbs.
 25. Time Shut-in: 13:45 Date Shut-in: 06/26/2011
 26. Mud Weight Required for Well Control: 11.7 ppg.
 27. Fluid Type of In-Flow: GAS
 28. Comments (describe actions taken to provide well control in detail):

ON JUNE 26, 2011 THE SR 544-9 OBSERVED A 75 BBL PIT GAIN AND THE WELL WAS SHUT IN. THE WELL WAS CIRCULATED THROUGH THE CHOKE AND THE MUD WAS WEIGHTED UP TO 11.7 PPG. AT 20:40 THE RIG DID A FLOW CHECK AND OBSERVED FLOW. THEY PROCEEDED BY GOING BACK ON CHOKE AND CONDITIONING AND CIRCULATING THE DRILLING MUD. NO FLOW WAS OBSERVED ON THE SECOND FLOW CHECK AND NORMAL DRILLING OPERATIONS RESUMED AT 06:00 JUNE 27, 2011.

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: NICOLE FOSTER Email: 0
Signature: _____ Title: _____ Date: 06/27/2011

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