

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:
11/04/2008

Accident Tracking No.:
1813925

WELL CONTROL REPORT

As required by Rule 327.

CONTACT INFORMATION

1. OGCC Operator Number: 10223 4 Contact Name: CHRIS CLARK
 2. Name of Operator: PLAINS EXPLORATION AND PRODUCTION Phone: (970) 589-8879
 3. Address: 760 HORIZON DRIVE STE 101 Fax: (970) 589-8823
 City: GRAND JUNCTION State: CO Zip: 81506 Email: _____

WELL INFORMATION

5. API Number: 05- 077-09659 6. County: MESA
 7. Well Name: HELLS GULCH FEDERAL 8. Welly Number: 23-13A
 9. Unit Name: _____ 10. Unit Number: _____
 11. Location: QTRQTR: NWNW Sec: 26 Twp: 8S Rng: 92W Meridian: 6
 Lat: _____ Long: _____
 12. Footage from Exterior Section Lines: Distance: 24 feet, Direction: FNL Distance: 571 feet, Direction: FWL
 13. Field Name: ALKALI CREEK 14. Field Number: 1950

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: _____
 20. Formation Code: _____
 21. Shut-in Drill Pipe Pressure (SIDPP): _____ psi.
 22. Shut-in Casing Pressure (SICP): _____ psi.
 23. Mud Weight at Time of Well Control Events: _____ ppg.
 24. Pit Gain: _____ lbs.
 25. Time Shut-in: _____ Date Shut-in: _____
 26. Mud Weight Required for Well Control: _____ ppg.
 27. Fluid Type of In-Flow: _____
 28. Comments (describe actions taken to provide well control in detail):

SURFACE RELEASE. WASH OUT BETWEEN FLOW CROSS AND WING VALVE AT SURFACE DURING COMPLETION FLOWBACK OPERATIONS. SEE ATTACHMENT TO FORM 23 FOR DETAILS (DOCUMENT NO. 1813925).

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: CHRIS CLARK Email: 0
Signature: _____ Title: _____ Date: 11/04/2008

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