

State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

OGCC RECEPTION

Receive Date:

12/29/2011

Accident Tracking No.:

2055384

WELL CONTROL REPORT

As required by Rule 327.

CONTACT INFORMATION

1. OGCC Operator Number: 100185 4 Contact Name: NATHAN DENZIN
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (303) 822-9394
 3. Address: 370 17TH ST STE 1700 Fax: (720) 876-6329
 City: DENVER State: CO Zip: 80202 Email: _____

WELL INFORMATION

5. API Number: 05- 045-20287 6. County: GARFIELD
 7. Well Name: N. PARACHUTE 8. Welly Number: EF08B-34 P27595
 9. Unit Name: _____ 10. Unit Number: _____
 11. Location: QTRQTR: SESE Sec: 27 Twp: 5S Rng: 95W Meridian: 6
 Lat: _____ Long: _____
 12. Footage from Exterior Section Lines: Distance: 579 feet, Direction: FSL Distance: 534 feet, Direction: FEL
 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: CAMEO COAL
 20. Formation Code: CMEOC
 21. Shut-in Drill Pipe Pressure (SIDPP): _____ psi.
 22. Shut-in Casing Pressure (SICP): _____ psi.
 23. Mud Weight at Time of Well Control Events: 11.2 ppg.
 24. Pit Gain: 60 lbs.
 25. Time Shut-in: _____ Date Shut-in: _____
 26. Mud Weight Required for Well Control: 11.2 ppg.
 27. Fluid Type of In-Flow: GAS
 28. Comments (describe actions taken to provide well control in detail):

THIS 60 BBL GAIN OF FLUID WAS CIRCULATED OUT USING THE GAS BUSTER.

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: NATHAN DENZIN Email: 0

Signature: _____ Title: _____ Date: 12/29/2011

CONDITIONS OF APPROVAL, IF ANY:**COA Type****Description**

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General Comments**User Group****Comment****Comment Date**

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Total: 0 comment(s)

Attachment Check List**Att Doc Num****Name**

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Total Attach: 0 Files