

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:
06/16/2010Accident Tracking No.:
2054379

WELL CONTROL REPORT

As required by Rule 327.

CONTACT INFORMATION

1. OGCC Operator Number: 90950 4 Contact Name: LARRY ROBBINS
 2. Name of Operator: UNIOIL Phone: (303) 860-5822
 3. Address: 1775 SHERMAN ST STE 3000 Fax: (303) 860-5838
 City: DENVER State: CO Zip: 80203 Email: _____

WELL INFORMATION

5. API Number: 05- 123-31472 6. County: WELD
 7. Well Name: BIJOU 8. Welly Number: 19BDU
 9. Unit Name: _____ 10. Unit Number: _____
 11. Location: QTRQTR: SENW Sec: 19 Twp: 5N Rng: 63W Meridian: 6
 Lat: _____ Long: _____
 12. Footage from Exterior Section Lines: Distance: 247 feet, Direction: FNL Distance: 132 feet, Direction: FWL
 13. Field Name: WATTENBERG 14. Field Number: 90750

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: PIERRE SHALE
 20. Formation Code: PRRE
 21. Shut-in Drill Pipe Pressure (SIDPP): 1000 psi.
 22. Shut-in Casing Pressure (SICP): 200 psi.
 23. Mud Weight at Time of Well Control Events: 8.4 ppg.
 24. Pit Gain: _____ lbs.
 25. Time Shut-in: 12:00 Date Shut-in: 06/06/2010
 26. Mud Weight Required for Well Control: 9.4 ppg.
 27. Fluid Type of In-Flow: GAS
 28. Comments (describe actions taken to provide well control in detail):

RIG WAS JETTING PITS AND MUDDING UP WHEN THEY TOOK THE KICK. SIDPP WAS TAKEN AFTER OPENING FLOAT, CIRCULATED OUT WITH SLOW PUMP RATE AND 9.4 LB/GAL MUD. RAISED MUD WT. TO 10.1 LB/GAL FOR LOGGING OPERATIONS

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: LARRY ROBBINS Email: 0

Signature: _____ Title: _____ Date: 06/16/2010

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

------	------

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

------	------	------

Total: 0 comment(s)

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

------	------

Total Attach: 0 Files