

**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:  
**06/16/2010**

Accident 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**

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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: LARRY ROBBINS Email: 0  
Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: 06/16/2010

**CONDITIONS OF APPROVAL, IF ANY:**

<b><u>COA Type</u></b>	<b><u>Description</u></b>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>

Total: 0 comment(s)

**Attachment Check List**

<b><u>Att Doc Num</u></b>	<b><u>Name</u></b>

Total Attach: 0 Files