

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:
11/14/2010Accident Tracking No.:
2054683

WELL CONTROL REPORT

As required by Rule 327.

CONTACT INFORMATION

1. OGCC Operator Number: 100185 4 Contact Name: GAGE SOEHNER
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 951-0732
3. Address: 370 17TH ST STE 1700 Fax: ()
City: DENVER State: CO Zip: 80202 Email: _____

WELL INFORMATION

5. API Number: 05- 045-19511 6. County: GARFIELD
7. Well Name: TWIN CREEK 8. Welly Number: 1-9C1 (O1EB)
9. Unit Name: HUNTER MESA 10. Unit Number: COC55972E
11. Location: QTRQTR: SWSE Sec: 1 Twp: 7S Rng: 92W Meridian: 6
Lat: _____ Long: _____
12. Footage from Exterior Section Lines: Distance: 844 feet, Direction: FSL Distance: 183 feet, Direction: FEL
13. Field Name: MAMM CREEK 14. Field Number: 52500

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: WILLIAMS FORK
20. Formation Code: WMFK
21. Shut-in Drill Pipe Pressure (SIDPP): 140 psi.
22. Shut-in Casing Pressure (SICP): 52 psi.
23. Mud Weight at Time of Well Control Events: 10.4 ppg.
24. Pit Gain: 15 lbs.
25. Time Shut-in: 07:56 Date Shut-in: 11/13/2010
26. Mud Weight Required for Well Control: 11.1 ppg.
27. Fluid Type of In-Flow: GAS
28. Comments (describe actions taken to provide well control in detail):

WELL WAS SHUT IN WHILE DRILLING AT 4,349' MD & 4,110' TVD. PRESSURES WERE RECORDED AND LOST CIRCULATION MATERIAL WAS ADDED TO SYSTEM UNTIL A LEVEL OF 17% LCM WAS REACHED WHILE BUILDING MUD WEIGHT TO 11.1 PPG. KILL MUD WAS STARTED PUMPING AT 9:30 AM AT 40 STROKES PER MINUTE. AT 11:00 AM FLARE WAS DEAD AFTER FIRST BOTTOMS UP CIRCULATION. FLOW CHECK WAS TAKEN AND THERE WAS NO FLOW. THE RIG WENT OFF OF THE CHOKE AND RESUMED DRILLING.

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: GAGE SOEHNER Email: 0

Signature: _____ Title: _____ Date: 11/14/2010

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