

**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:  
10/18/2009

Accident Tracking No.:  
2330672

**WELL CONTROL REPORT**

As required by Rule 327.

**CONTACT INFORMATION**

1. OGCC Operator Number: 30475 4 Contact Name: JORDAN NELSON  
 2. Name of Operator: FLYING J OIL & GAS INC Phone: (801) 296-7772  
 3. Address: 333 WEST CENTER Fax: (801) 297-7888  
 City: NORTH SALT LAKE State: UT Zip: 84054 Email: \_\_\_\_\_

**WELL INFORMATION**

5. API Number: 05- 103-10227 6. County: RIO BLANCO  
 7. Well Name: FEDERAL 8. Welly Number: 10-21  
 9. Unit Name: \_\_\_\_\_ 10. Unit Number: \_\_\_\_\_  
 11. Location: QTRQTR: NWSE Sec: 21 Twp: 2N Rng: 97W Meridian: 6  
 Lat: \_\_\_\_\_ Long: \_\_\_\_\_  
 12. Footage from Exterior Section Lines: Distance: 178 feet, Direction: FSL Distance: 178 feet, Direction: FEL  
 13. Field Name: WHITE RIVER 14. Field Number: 92800

**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: WASATCH  
 20. Formation Code: WSTC  
 21. Shut-in Drill Pipe Pressure (SIDPP): \_\_\_\_\_ psi.  
 22. Shut-in Casing Pressure (SICP): \_\_\_\_\_ psi.  
 23. Mud Weight at Time of Well Control Events: 8.5 ppg.  
 24. Pit Gain: 1130 lbs.  
 25. Time Shut-in: 14:00 Date Shut-in: 09/24/2009  
 26. Mud Weight Required for Well Control: 16 ppg.  
 27. Fluid Type of In-Flow: WATER  
 28. Comments (describe actions taken to provide well control in detail):

A WATER FLOW BEGAN WHEN THE 5-1/2" PRODUCTION CASING (17 PPF, N-80, SHOE AT 7431' TVD KB) WAS CUT AT 1200'. SEE SCANNED DOCUMENT NO. 2330672 FOR DAILY RIG REPORTS.

**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: JORDAN NELSON Email: 0  
Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: 10/18/2009

**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