

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:
01/27/2009

Accident Tracking No.:
2031355

WELL CONTROL REPORT

As required by Rule 327.

CONTACT INFORMATION

1. OGCC Operator Number: 100185 4 Contact Name: MIRACLE PFISTER
 2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3761
 3. Address: 370 17TH ST STE 1700 Fax: (720) 876-6060
 City: DENVER State: CO Zip: 80202 Email: _____

WELL INFORMATION

5. API Number: 05- 045-17627 6. County: GARFIELD
 7. Well Name: ENCANA FEDERAL 8. Welly Number: 11-11A (F11E)
 9. Unit Name: HUNTER MESA 10. Unit Number: COC55972E
 11. Location: QTRQTR: SEnw Sec: 11 Twp: 7S Rng: 92W Meridian: 6
 Lat: _____ Long: _____
 12. Footage from Exterior Section Lines: Distance: 173 feet, Direction: FNL Distance: 155 feet, Direction: FWL
 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 (COAL)
 20. Formation Code: WMFK
 21. Shut-in Drill Pipe Pressure (SIDPP): 0 psi.
 22. Shut-in Casing Pressure (SICP): 1500 psi.
 23. Mud Weight at Time of Well Control Events: 12.6 ppg.
 24. Pit Gain: 0 lbs.
 25. Time Shut-in: 20:20 Date Shut-in: 01/22/2009
 26. Mud Weight Required for Well Control: 12.6 ppg.
 27. Fluid Type of In-Flow: GAS
 28. Comments (describe actions taken to provide well control in detail):

WHILE CIRCULATING PRODUCTION CASING CEMENT JOB, ANNULAR HYDROSTATIC COLUMN WEIGHT WAS LOWERED SUFFICIENTLY TO INDUCE A GAS KICK, WHICH JEAPORDIZED THE CEMENT BOND. A BLOCK SQUEEZE WAS CONDUCTED AT 3727' WITH 100 SX CLASS G, 1% CALCIUM CHLORIDE, AND 50 SX NEAT CLASS G. THE 4.5" CASING WAS ALSO PERFORATED AT 1330' AND 150 SX NEAT CLASS G WAS CIRCULATED TO SURFACE.

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: MIRACLE PFISTER Email: 0
Signature: _____ Title: _____ Date: 01/27/2009

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