

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:

Accident Tracking No.:

401318154**WELL CONTROL REPORT**

As required by Rule 327.

CONTACT INFORMATION

1. OGCC Operator Number: 100185 4 Contact Name: Kirby Burchett
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (970) 250-1179
3. Address: 370 17TH ST STE 1700 Fax: ()
City: DENVER State: CO Zip: 80202-5632 Email: Kirby.Burchett@Encana.com

WELL INFORMATION

5. API Number: 05- 045-23501 6. County: GARFIELD
7. Well Name: Federal 8. Welly Number: 5-8B (H5SE)
9. Unit Name: _____ 10. Unit Number: _____
11. Location: QTRQTR: SENE Sec: 5 Twp: 8S Rng: 92W Meridian: 6
Lat: _____ Long: _____
12. Footage from Exterior Section Lines: Distance: _____ feet, Direction: _____ Distance: _____ feet, Direction: _____
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
SURF	12	9.625	40	0	1,561	314	0	1,561	VISU

WELL CONTROL INFORMATION

17. Type of Well Control: Drilling
18. True Vertical Depth at Well Control Event:: 4899 feet.
19. Formation at Well Control Event: _____
20. Formation Code: _____
21. Shut-in Drill Pipe Pressure (SIDPP): 20 psi.
22. Shut-in Casing Pressure (SICP): 20 psi.
23. Mud Weight at Time of Well Control Events: 9.2 ppg.
24. Pit Gain: 1 bbs.
25. Time Shut-in: 4:10 PM Date Shut-in: 06/25/2017
26. Mud Weight Required for Well Control: 9.3 ppg.
27. Fluid Type of In-Flow: Gas
28. Comments (describe actions taken to provide well control in detail):

Circulated hole volume with 9.3 ppg WBM through choke. Shut down pumps. No flow

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: Kirby Burchett

Email: Kirby.Burchett@Encana.com

Signature:

Title: Drilling Supervisor

Date:

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>
		Stamp Upon Approval

Total: 0 comment(s)

Attachment Check List

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

Total Attach: 0 Files