



FOR OFFICE USE ONLY

LOSS OF WELL CONTROL REPORT

As required by Rule 327.

1. OGCC Operator Number: _____	4. Contact Name & Phone _____ Ph: _____ Fax: _____	Report taken by: _____
2. Name of Operator: _____ 3. Address: _____ City: _____ State: _____ Zip: _____		

WELL LOCATION INFORMATION

5. API Number: _____ 6. County: _____
7. Well Name: _____ 8. Well Number: _____
9. Unit Name (if appl.): _____ 10. Unit No: _____
11. QtrQtr: _____ Sec: _____ Twp: _____ Rng: _____ Meridian: _____
12. Footage From Exterior Section Lines: _____
13. Field Name: _____ 14. Field Number: _____

CASING INFORMATION

15. Surface Casing Size: _____ / _____	Weight per Foot: _____	Grade: _____	True Vertical Setting Depth: _____
16. Intermed. Casing Size: _____ / _____	Weight per Foot: _____	Grade: _____	True Vertical Setting Depth: _____

KICK INFORMATION

17. True Vertical Depth at Kick: _____

18. Formation at Kick: _____ 19. Formation Code: _____

20. Shut-in Drill Pipe Pressure (SIDPP): _____ psi.

21. Shut-in Casing Pressure (SICP): _____ psi.

22. Mud Weight at Time of Kick: _____ ppg.

23. Pit Gain: _____ bbls.

24. Time and Date Shut In: _____

25. Mud Weight Required to Control Well: _____ ppg

26. Type of Kick: ☐ Gas ☐ Oil ☐ Water

27. Comments (describe actions to control in detail): _____

