

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.:

400580972

WELL CONTROL REPORT

As required by Rule 327.

CONTACT INFORMATION

☒ Initial Notice of Well Control Event

1. OGCC Operator Number: 100322 4 Contact Name: Justin Garrett
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228 4449
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202 Email: JDGarrett@nobleenergyinc.com

WELL INFORMATION

5. API Number: 05- 123-34018 6. County: WELD
7. Well Name: ROMERO PC 8. Welly Number: G10-79HN
9. Unit Name: _____ 10. Unit Number: _____
11. Location: QTRQTR: SWNW Sec: 3 Twp: 4N Rng: 65W Meridian: 6
Lat: _____ Long: _____
12. Footage from Exterior Section Lines: Distance: _____ feet, Direction: _____ Distance: _____ feet, Direction: _____
13. Field Name: WATTENBERG 14. Field Number: 90750

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
CONDUCTOR	18+1/2	16	0	0	100	6	100	0	
SURF	13+3/4	9+5/8	36	0	729	350	0	729	
1ST	8+3/4	7	23	0	7,232	490	0	7,232	

WELL CONTROL INFORMATION

17. Type of Well Control: Drilling
18. True Vertical Depth at Well Control Event: 6900 feet.
19. Formation at Well Control Event: NIOBRARA
20. Formation Code: NBRR
21. Shut-in Drill Pipe Pressure (SIDPP): 875 psi.
22. Shut-in Casing Pressure (SICP): 750 psi.
23. Mud Weight at Time of Well Control Events: 9.7 ppg.
24. Pit Gain: 15 lbs.
25. Time Shut-in: 7:30 AM Date Shut-in: 03/28/2014
26. Mud Weight Required for Well Control: 12.2 ppg.
27. Fluid Type of In-Flow: Gas

28. Comments (describe actions taken to provide well control in detail):

Todd Dalessandro called Diana Burn @ 11:55 am on 3/2/2014 for verbal approval. Kick occurred on rig 326.

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: Justin Garrett

Email: JDGarrett@nobleenergyinc.com

Signature: _____

Title: Regulatory Analyst

Date: _____

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

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General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)

Attachment Check List

Att Doc Num

Name

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Total Attach: 0 Files