

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:
04/03/2003Accident Tracking No.:
1211176

WELL CONTROL REPORT

As required by Rule 327.

CONTACT INFORMATION

1. OGCC Operator Number: 100185 4 Contact Name: RICHARD EBERSPECHER
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (970) 625-4209
3. Address: 950 17TH ST STE 2600 Fax: (970) 625-4636
City: DENVER State: CO Zip: 80202 Email: _____

WELL INFORMATION

5. API Number: 05- 045-09028 6. County: GARFIELD
7. Well Name: GRAHAM 8. Welly Number: 32-12B (L32)
9. Unit Name: HUNTER MESA 10. Unit Number: COC55279X
11. Location: QTRQTR: NWSW Sec: 32 Twp: 6S Rng: 92W Meridian: 6
Lat: _____ Long: _____
12. Footage from Exterior Section Lines: Distance: 194 feet, Direction: FSL Distance: 654 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
20. Formation Code: WMFK
21. Shut-in Drill Pipe Pressure (SIDPP): 200 psi.
22. Shut-in Casing Pressure (SICP): 450 psi.
23. Mud Weight at Time of Well Control Events: 9.8 ppg.
24. Pit Gain: 25 lbs.
25. Time Shut-in: 8:00 Date Shut-in: 04/03/2003
26. Mud Weight Required for Well Control: 12.5 ppg.
27. Fluid Type of In-Flow: GAS
28. Comments (describe actions taken to provide well control in detail):

GAS KICK OCCURRED ON SST#3 WHILE CIRCULATING PRODUCTION CSG AFTER 1ST STAGE CMT JOB. CREW REALIZED GAIN IN PITS AFTER 25 BBL GAIN AND CLOSED THE ANNULAR AND OPENED THE MANIFOLD LINE TO THE CHOKE PRESSURES WERE OBSERVED SHILE RAISING MUD WT TO 12.5 PPG. CREW COMMENCED TO CIRCULATE KICK OUT OF HOLE AND STABILIZE WELLBORE. SECOND STAGE WAS CEMENTED AND THE WELL CLOSED WHILE WOC FOR 5 HRS SET CSG SLIPS WITH 115K ON SLIPS AND SECURED WELL.

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: RICHARD EBERSPECHER Email: 0

Signature: _____ Title: _____ Date: 04/03/2003

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