

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:
03/27/2011

Accident Tracking No.:
2055091

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) 876-4861
 City: DENVER State: CO Zip: 80202-5632 Email: _____

WELL INFORMATION

5. API Number: 05- 045-20211 6. County: GARFIELD
 7. Well Name: KEINATH FEDERAL 8. Welly Number: 9-12H (C100U)
 9. Unit Name: ORCHARD 10. Unit Number: COC66496X
 11. Location: QTRQTR: NENW Sec: 10 Twp: 8S Rng: 96W Meridian: 6
 Lat: _____ Long: _____
 12. Footage from Exterior Section Lines: Distance: 957 feet, Direction: FNL Distance: 154 feet, Direction: FWL
 13. Field Name: GRAND VALLEY 14. Field Number: 31290

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: CORCORAN
 20. Formation Code: CRCRN
 21. Shut-in Drill Pipe Pressure (SIDPP): 130 psi.
 22. Shut-in Casing Pressure (SICP): 500 psi.
 23. Mud Weight at Time of Well Control Events: 10.1 ppg.
 24. Pit Gain: 15 lbs.
 25. Time Shut-in: 07:15 Date Shut-in: 03/26/2011
 26. Mud Weight Required for Well Control: 10.5 ppg.
 27. Fluid Type of In-Flow: GAS
 28. Comments (describe actions taken to provide well control in detail):

WHILE DRILLING AHEAD AT 6,378' HAD AN INFLUX OF 15 BBLs. SHUT WELL IN AT 6:56 AM. STABLE WITH 500 PSI SICP AND 130 PSI SIDPP. USE DRILLER'S METHOD TO RAISE MW FROM 10.1 PPG TO 10.4 PPG. TOOK 80 BBLs TO INITIALLY FILL WELL. SHUT THE WELL IN AGAIN AT 12:00 PM AND RECORDED 105 PSI SIDPP AND 400 SICP. USED DRILLER'S METHOD TO RAISE MW FROM 10.4 TO 10.6 PPG. TOOK 100 BBLs TO FILL WELL ON SECOND CIRCULATION. TOTAL 260 BBLs OF LOSSES FOR 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: MIRACLE PFISTER Email: 0
Signature: _____ Title: _____ Date: 03/27/2011

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