

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:
05/30/2011Accident Tracking No.:
2055134

WELL CONTROL REPORT

As required by Rule 327.

CONTACT INFORMATION

1. OGCC Operator Number: 96850 4 Contact Name: BOB CAUGHLIN
 2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY Phone: (970) 589-0673
 3. Address: 1058 COUNTY ROAD 215 Fax: ()
 City: PARACHUTE State: CO Zip: 81650 Email: _____

WELL INFORMATION

5. API Number: 05- 045-19994 6. County: GARFIELD
 7. Well Name: FEDERAL 8. Welly Number: SR 44-9
 9. Unit Name: _____ 10. Unit Number: _____
 11. Location: QTRQTR: NWSE Sec: 9 Twp: 7S Rng: 94W Meridian: 6
 Lat: _____ Long: _____
 12. Footage from Exterior Section Lines: Distance: 165 feet, Direction: FSL Distance: 155 feet, Direction: FEL
 13. Field Name: RULISON 14. Field Number: 75400

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: CAMEO COAL
 20. Formation Code: CMEOC
 21. Shut-in Drill Pipe Pressure (SIDPP): 0 psi.
 22. Shut-in Casing Pressure (SICP): 0 psi.
 23. Mud Weight at Time of Well Control Events: 9.4 ppg.
 24. Pit Gain: 56 lbs.
 25. Time Shut-in: 13:35 Date Shut-in: 05/29/2011
 26. Mud Weight Required for Well Control: 10.3 ppg.
 27. Fluid Type of In-Flow: GAS
 28. Comments (describe actions taken to provide well control in detail):

LOST CIRCULATION 8394' - PULLED OUT OF HOLE TO 6100' AND ESTABLISH CIRCULATION. BYPASSED SHAKERS AND BUILD VOLUME AND MIX LCM TO 20%. STAGE BACK IN HOLE WITH FULL RETURNS. DRILLED TO 8499' TOOK 56 BBLS GAIN AT BOTTOMS UP FROM TRIP. SHUT WELL IN AND CIRCULATED OUT GAS WITH THE DRILLERS METHOD THROUGH THE CHOKE MANIFOLD. RAISED MUD WEIGHT TO 10.3 PPG. SHUT DOWN AND CHECKED FOR FLOW. NONE OBSERVED. OPEN ANNULAR AND CONTINUE CIRCULATING CONDITIONING MUD TO 10.3 PPG.

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: BOB CAUGHLIN Email: 0

Signature: _____ Title: _____ Date: 05/30/2011

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