

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:
12/04/2006

Accident Tracking No.:
1821776

WELL CONTROL REPORT

As required by Rule 327.

CONTACT INFORMATION

1. OGCC Operator Number: 96850 4 Contact Name: STEVEN SOYCHAK
 2. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY Phone: (970) 285-9377
 3. Address: 1058 COUNTY ROAD 215 Fax: (970) 285-9573
 City: PARACHUTE State: CO Zip: 81635 Email: _____

WELL INFORMATION

5. API Number: 05- 045-12078 6. County: GARFIELD
 7. Well Name: SOLVAY 8. Welly Number: GM 422-2
 9. Unit Name: _____ 10. Unit Number: _____
 11. Location: QTRQTR: SENW Sec: 2 Twp: 7S Rng: 96W Meridian: 6
 Lat: _____ Long: _____
 12. Footage from Exterior Section Lines: Distance: 220 feet, Direction: FNL Distance: 165 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: WILLIAMS FORK
 20. Formation Code: WMFK
 21. Shut-in Drill Pipe Pressure (SIDPP): _____ psi.
 22. Shut-in Casing Pressure (SICP): 1000 psi.
 23. Mud Weight at Time of Well Control Events: 8.4 ppg.
 24. Pit Gain: _____ lbs.
 25. Time Shut-in: 22:30 Date Shut-in: 12/04/2006
 26. Mud Weight Required for Well Control: 8.4 ppg.
 27. Fluid Type of In-Flow: _____
 28. Comments (describe actions taken to provide well control in detail):

SURFACE RELEASE AFTER CASING WAS SET. BASIC ENERGY RIG WAS DRILLING OUT A BRIDGE PLUG AT APPROXIMATELY 4540' AND FLANGE BETWEEN BOP AND TUBING HEAD STARTED LEAKING GAS. WELL SUBSEQUENTLY KILLED WITH 45 BBLs OF WATER AND TUBING HANGER WAS INSTALLED TO SHUT IN FLOW AT APPROXIMATELY 20:30. THE NEXT MORNING THE TUBING HEAD FLANGE AND BOP'S WERE REPLACED.

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: STEVEN SOYCHAK Email: 0
Signature: _____ Title: _____ Date: 12/04/2006

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