

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:
06/17/2008Accident Tracking No.:
1825217

WELL CONTROL REPORT

As required by Rule 327.

CONTACT INFORMATION

1. OGCC Operator Number: 100185 4 Contact Name: DAVE WALL
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5542
3. Address: 370 17TH ST STE 1700 Fax: (720) 876-6542
City: DENVER State: CO Zip: 80202 Email: _____

WELL INFORMATION

5. API Number: 05- 045-15207 6. County: GARFIELD
7. Well Name: N.PARACHUTE EF08D-31 8. Welly Number: N30 595
9. Unit Name: _____ 10. Unit Number: _____
11. Location: QTRQTR: SESW Sec: 30 Twp: 5S Rng: 95W Meridian: 6
Lat: _____ Long: _____
12. Footage from Exterior Section Lines: Distance: 122 feet, Direction: FSL Distance: 266 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: ROLLINS
20. Formation Code: RLNS
21. Shut-in Drill Pipe Pressure (SIDPP): 425 psi.
22. Shut-in Casing Pressure (SICP): 250 psi.
23. Mud Weight at Time of Well Control Events: 12.1 ppg.
24. Pit Gain: 47 lbs.
25. Time Shut-in: 22:00 Date Shut-in: 06/17/2008
26. Mud Weight Required for Well Control: 12.6 ppg.
27. Fluid Type of In-Flow: GAS
28. Comments (describe actions taken to provide well control in detail):

CIRCULATED OUT KICK THROUGH ADJUSTABLE CHOKE AND FLARED GAS. RAISED MUD WEIGHT FROM 12.1 TO 12.6 PPG. CIRCULATED GAS OUT MUD FOR OVER 6 HOURS BEFORE MUD CLEARED UP.

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: DAVE WALL Email: 0

Signature: _____ Title: _____ Date: 06/17/2008

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