

**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:  
**06/17/2008**

Accident 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:**

<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