

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:

Accident Tracking No.:

400962798

WELL CONTROL REPORT

As required by Rule 327.

CONTACT INFORMATION

1. OGCC Operator Number: <u>10518</u>	4 Contact Name: <u>Ben Turner</u>
2. Name of Operator: <u>EDGE ENERGY LLC</u>	Phone: <u>(303) 887-6660</u>
3. Address: <u>800 18TH STREET SUITE 300</u>	Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>BTurner@bbhoperating.com</u>

WELL INFORMATION

5. API Number: 05- <u>123-42434</u>	6. County: <u>WELD</u>
7. Well Name: <u>Flaherty</u>	8. Welly Number: <u>18-13-12NBH</u>
9. Unit Name: _____	10. Unit Number: _____
11. Location: QTRQTR: <u>NWSW</u> Sec: <u>18</u> Twp: <u>4N</u> Rng: <u>62W</u> Meridian: <u>6</u>	Lat: _____ Long: _____
12. Footage from Exterior Section Lines: Distance: _____ feet, Direction: _____	Distance: _____ feet, Direction: _____
13. Field Name: <u>WATTENBERG</u>	14. Field Number: <u>90750</u>

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
CONDUCTOR	20	16	42	0	80	100	0	80	VISU
SURF	12+1/4	9+5/8	36	0	1,510	715	0	1,510	CALC

WELL CONTROL INFORMATION

17. Type of Well Control: Drilling

18. True Vertical Depth at Well Control Event: 6268 feet.

19. Formation at Well Control Event: NIOBRARA

20. Formation Code: NBRR

21. Shut-in Drill Pipe Pressure (SIDPP): 80 psi.

22. Shut-in Casing Pressure (SICP): 110 psi.

23. Mud Weight at Time of Well Control Events: 11.4 ppg.

24. Pit Gain: 23 bbs.

25. Time Shut-in: 15:00 PM Date Shut-in: 12/31/2015

26. Mud Weight Required for Well Control: 12.2 ppg.

27. Fluid Type of In-Flow: Gas

28. Comments (describe actions taken to provide well control in detail):

Killed well via Driller's Method by circulating well while weighting up to a 12.2 ppg MW.

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: Paul Gottlob Email: paul.gottlob@iptenergyservices.com

Signature: _____ Title: Regulatory & Engin. Tech. Date: _____

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