

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

WELL INFORMATION

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

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

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