

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.:

401787203

WELL CONTROL REPORT

As required by Rule 327.

CONTACT INFORMATION

1. OGCC Operator Number: 96850 4 Contact Name: Jayson Boebert
 2. Name of Operator: TEP ROCKY MOUNTAIN LLC Phone: (970) 285-9377
 3. Address: PO BOX 370 Fax: ()
 City: PARACHUTE State: CO Zip: 81635 Email: jboebert@terraep.com

WELL INFORMATION

5. API Number: 05- 045-23760 6. County: GARFIELD
 7. Well Name: FEDERAL 8. Welly Number: PA 433-24
 9. Unit Name: _____ 10. Unit Number: _____
 11. Location: QTRQTR: Lot 14 Sec: 19 Twp: 6S Rng: 94W Meridian: 6
 Lat: _____ Long: _____
 12. Footage from Exterior Section Lines: Distance: _____ feet, Direction: _____ Distance: _____ feet, Direction: _____
 13. Field Name: PARACHUTE 14. Field Number: 67350

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
SURF	9+5/8	13+1/2	36	0	1,134	300	0	1,134	VISU

WELL CONTROL INFORMATION

17. Type of Well Control: Drilling
 18. True Vertical Depth at Well Control Event:: 8378 feet.
 19. Formation at Well Control Event: CAMEO COALS-
 20. Formation Code: CAMMV
 21. Shut-in Drill Pipe Pressure (SIDPP): 340 psi.
 22. Shut-in Casing Pressure (SICP): 800 psi.
 23. Mud Weight at Time of Well Control Events: 10.9 ppg.
 24. Pit Gain: 22 bbs.
 25. Time Shut-in: 05:00 AM Date Shut-in: 10/05/2018
 26. Mud Weight Required for Well Control: 11.5 ppg.
 27. Fluid Type of In-Flow: Gas
 28. Comments (describe actions taken to provide well control in detail):

While Drilling @ 8914' an influx was detected. The well was shut in using annular bag against a closed choke at approximately 05:00 hrs. October 5th, 2018. SICP was monitored/recorded SICP= 800 psi, SIDPP= 340 psi, Pit Gain= 22 bbl., OMW= 10.9ppg. The gas was circulated out using the Driller's method. The mud weight was then raised to 11.5 ppg. The well was flow checked after a 11.5 ppg. was recorded in/out. The well was static. Operations were resumed.

OPERATOR COMMENTS and SUBMITTAL

None

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: Jayson Boebert Email: jboebert@terraep.com

Signature: _____ Title: Drlg Supt Date: _____

CONDITIONS OF APPROVAL, IF ANY:

COA Type

Description

<u>COA Type</u>	<u>Description</u>

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)

Attachment Check List

Att Doc Num

Name

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files