FORM 23		
Rev.	6/11	

State of Colorado Oil and Gas Conservation Commission

FOR OGCC USE ONLY

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone WELL CONTROL REP			
As Required by Rule 3	327		
OGCC Operator Number: Name of Operator:		Report taken by:	
2. Name of Operator: 3. Address:			
City:State:Zip:			
WELL LOCATION INFORMATION			
5. API Number:	6. County:		
7. Well Name:	8. Well Number:		
9. Unit Name (if appl.):			
11. QtrQtr: Sec: Twn:	Rng:Meridian:		
12. Footage From Exterior Section Lines:			
13. Field Name:	14. Field Number:		
CASING INFORMATION			
15. Surface Casing Size: / Weight per Foot:	Grade:True Vertical	Setting Depth:	
16. Intermed. Casing Size: / Weight per Foot:	Grade:True Vertical	Setting Depth:	
KICK INFORMATION			
17. True Vertical Depth at Kick:			
18. Formation at Kick:	19. Formation Code:		
20. Shut-in Drill Pipe Pressure (SIDPP):psi			
	23. Pit Gain:		
24. Time and Date Shut In:	25. Mud Weight Required to Control We		
26. Type of Kick: Gas Oil Water			
27. Comments (describe actions to control in detail):			