



02469169

05-123-17811  
Loc # 332615

## FOR OFFICE USE

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## SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen of plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT-" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input type="checkbox"/> OTHER _____			5. FEDERAL/INDIAN OR STATE LEASE NO.
2. NAME OF OPERATOR <b>VESSELS OIL &amp; GAS COMPANY</b>			6. PERMIT NO. <b>93-1948</b>
3. ADDRESS OF OPERATOR <b>1050 - 17TH ST., Ste. # 2000</b>			7. API NO. <b>05-123-17811</b>
CITY <b>DENVER</b> STATE <b>CO</b> ZIP CODE <b>80265</b>			8. WELL NAME <b>DINNER</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 14 below.) At surface <b>471' FSL &amp; 506' FEL</b> At proposed production zone <b>same as above</b>			9. WELL NUMBER <b>#14-A-2</b>
12. COUNTY <b>WELD</b>			10. FIELD OR WILDCAT <b>WATTENBERG</b>
11. QTR. QTR. SEC., T.R. AND MERIDIAN <b>SE SE SEC.14-4N-66W</b>			

## Check Appropriate Box To Indicate Nature of Notice, Report or Notification

13A. NOTICE OF INTENTION TO: <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> COMMINGLE ZONES <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> OTHER:	13B. SUBSEQUENT REPORT OF: <input type="checkbox"/> FINAL PLUG AND ABANDONMENT SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG) <input type="checkbox"/> ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS) <input type="checkbox"/> REPAIRED WELL <input checked="" type="checkbox"/> OTHER: COMPLIANCE W/RULE 911 *Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingled Completions and Recompletions	13C. NOTIFICATION OF: <input type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONES DATE: (REQUIRED EVERY 6 MONTHS) <input type="checkbox"/> PRODUCTION RESUMED DATE: <input type="checkbox"/> LOCATION CHANGE (SUBMIT NEW PLAT) <input type="checkbox"/> WELL NAME CHANGE <input type="checkbox"/> OTHER:
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14. DESCRIBE PROPOSED OR COMPLETED OPERATIONS ON THIS FORM (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent)

15. DATE OF WORK

**Attached please find Authorization form containing information & written authorization generated by referenced well.**

RECEIVED  
JAN 28 1994  
COLO. OIL & GAS CONSV. COMMISSION

16. I hereby certify that the foregoing is true and correct

SIGNED Madalyn M. Runge PHONE NO. (303) 825-3500  
 NAME (PRINT) Madalyn M. Runge TITLE Production Secretary DATE 1/27/94

(This space for Federal or State office use)

APPROVED \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
 CONDITIONS OF APPROVAL, IF ANY:

Date: 1-4-94

## AUTHORIZATION FORM

Re: Land Treatment of Water Based Bentonitic Drilling Fluids

Well name where fluid was generated: Dinner 14-A2 1/2 SE 1/4Legal description of land treatment area: NE SW Sec 1-3N-66W

I, Maynard Ludwig hereby authorize Coles  
(Trucking Company) to spread water based bentonitic drilling fluids  
on above described land.

Maynard Ludwig  
Surface Owner

same  
Surface Owner

This form is to be attached with the Sundry Notice, Form 4  
to State of Colorado Oil & Gas Conservation Commission.