

STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES
SUBMIT ORIGINAL AND 1 COPY05-123-17811
LOG # 332615

02469166

| 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.)

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| 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 VESSELS OIL & GAS COMPANY | 6. PERMIT NO. 93.1948 |
| 3. ADDRESS OF OPERATOR 1050 - 17TH ST., Ste. # 2000 | 7. API NO. 05.123.17811 |
| CITY DENVER STATE CO ZIP CODE 80265 | 8. WELL NAME DINNER 14 A |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 14 below.) At surface 471' FSL & 506' FEL | 9. WELL NUMBER # 2 |
| At proposed production zone SAME AS ABOVE | 10. FIELD OR WILDCAT WATTENBERG |
| 12. COUNTY WELF | 11. QTR. QTR. SEC., T.R. AND MERIDIAN SE SE Sec. 14. 4N. 66W |

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 type="checkbox"/> OTHER: *Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingle 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 checked="" type="checkbox"/> OTHER: WATER BASED BENTONITE TREATMENT PLAN |
|---|---|--|

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

TREATMENT SITE: NE SW SEC. 1 TWNP 3 RANGE 66TREATMENT PLAN (if any) for incorporating fluid into soil: Plow

Describe terrain, drainage/water bodies in vicinity and amount of Drilling fluid in bbls.

VERY SANDY SOIL, DRAINING TO THE WEST, NO PONDS OR IRRIGATION DITCHES (3960 BBLs)I COPY ON BACK Maynard Hubert (surface owner) hereby authorize Busha ENTERPRISE INC.
(trucking company) to spread water based bentonitic drilling fluid on the above described land.Surface owners address: 17978 W. C.R. 39, LASALLE CO. Phone: 284-6424

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

SIGNED

Greg Tasset

PHONE NO.

(303)

352-6969

NAME (PRINT)

Greg Tasset

TITLE

Supervisor

DATE

1-4-94

(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 VESSELS

Legal description of land treatment area: NE SW Sec 1-3 N-66 W

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.