

STATE OF COLORADO  
OIL AND GAS CONSERVATION COMMISSION  
DEPARTMENT OF NATURAL RESOURCES



00051843

File in duplicate for Patented and Federal lands.  
File in triplicate for State lands.

5. LEASE DISPOSITION FOR SERIAL NO.  
**RECEIVED**

**SUNDRY NOTICES AND REPORTS ON WELLS**

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

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
**SEP 28 1983**

1. OIL WELL  GAS WELL  OTHER

7. UNIT AGREEMENT NAME  
**COLORADO OIL & GAS CONS. COMM**

2. NAME OF OPERATOR  
Vessels Oil & Gas Company

8. FARM OR LEASE NAME  
Spahn 'G' Unit

3. ADDRESS OF OPERATOR  
600 South Cherry Street, Suite 1220, Denver, CO 80222

9. WELL NO.  
#1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface 990' FNL & 990' FEL Section 2-T1N-R69W  
At proposed prod. zone

10. FIELD AND POOL, OR WILDCAT  
Wattenberg

11. SEC., T., R., N., OR BLK. AND SURVEY OR AREA  
Section 2-T1N-R69W

14. PERMIT NO.  
821060

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

12. COUNTY Boulder 13. STATE Colorado

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF   
FRACTURE TREAT   
SHOOT OR ACIDIZE   
REPAIR WELL   
(Other)

PULL OR ALTER CASING   
MULTIPLE COMPLETE   
ABANDON   
CHANGE PLANS

WATER SHUT-OFF   
FRACTURE TREATMENT   
SHOOTING OR ACIDIZING   
(Other)

REPAIRING WELL   
ALTERING CASING   
ABANDONMENT\*

Abandon Location   
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (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 to this work.)

18. Date of work \_\_\_\_\_

\* Must be accompanied by a cement verification report.

Abandon location.

DVR	
FJP	
HMM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
RCO	
LAR	<input checked="" type="checkbox"/>
GCM	

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

SIGNED [Signature] TITLE Production Manager DATE 9/28/83

(This space for Federal or State office use)

APPROVED BY William Smith TITLE DIRECTOR DATE OCT 20 1983  
O & G Cons. Comm.

CONDITIONS OF APPROVAL, IF ANY: