

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

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

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 ☐ GAS ☒
WELL WELL OTHER

7. UNIT AGREEMENT NAME

COLD 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

10. FIELD AND POOL, OR WILDCAT

Wattenberg

990' FNL & 990' FEL Section 2-T1N-R69W
At proposed prod. zone

11. SEC., T., R., M., 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:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL.

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON

CHANGE PLANS.

SUBSEQUENT REPORT OF:

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

TITLE

Production Manager

DATE

9/28/83

(This space for Federal or State office use)

APPROVED BY

William Smith

TITLE

DIRECTOR

O & G Cons. Comm.

DATE

OCT 20 1983

CONDITIONS OF APPROVAL, IF ANY: