

CO OGCC FORM
00051753

STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES
SUBMIT ORIGINAL AND 1 COPY



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 type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input checked="" type="checkbox"/> OTHER		5. FEDERAL/INDIAN OR STATE LEASE NO.
2. NAME OF OPERATOR VESSELS OIL & GAS COMPANY		6. PERMIT NO. 94-1017
3. ADDRESS OF OPERATOR 1050 - 17TH ST., Ste. # 2000		7. API NO. 05-013-6449
CITY STATE ZIP CODE DENVER CO 80265		8. WELL NAME WHEELER 'G' UNIT
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 14 below.) At surface 1173' FNL & 958' FEL		9. WELL NUMBER #1
At proposed production zone same as above		10. FIELD OR WILDCAT WATTENBERG
12. COUNTY BOULDER		11. QTR. QTR. SEC., T.R. AND MERIDIAN NE NE SEC.1-1N-69W

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

<p>13A. NOTICE OF INTENTION TO:</p> <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:	<p>13B. SUBSEQUENT REPORT OF:</p> <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/Commingled Completions and Recompletions	<p>13C. NOTIFICATION OF:</p> <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

VESSELS OIL & GAS COMPANY IS REQUESTING THE MAXIMUM TIME EXTENSION BE GIVEN FOR THE WHEELER 'G' UNIT #1 LOCATION. THE ORIGINAL PERMIT WAS GIVEN AN EXPIRATION DATE OF 02/01/95.

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

SIGNED *Todd S. McDonald* PHONE NO. **(303) 825-3500**

NAME (PRINT) **TODD S. McDONALD** TITLE **Operations Manager** DATE **01/20/95**

(This space for Federal or State office use)

APPROVED *J* TITLE **APPROVED** DATE **2-23-95**

CONDITIONS OF APPROVAL, IF ANY:

Approval previously faxed to Vessels Extended to → July 31, 1995