



00061542

PetroForms

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

Table with 4 columns: ET, FE, UC, SE. Includes handwritten 'M' in the ET column.

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.)

5. FEDERAL/INDIAN OR STATE LEASE NO.

1. OIL WELL [] GAS WELL [X] COALBED METHANE [] INJECTION WELL [] OTHER []

6. PERMIT NO. 94-1602

2. NAME OF OPERATOR VESSELS OIL & GAS COMPANY

7. API NO. 05-123-18690

3. ADDRESS OF OPERATOR 1050 - 17TH STREET, SUITE #2000

8. WELL NAME VESSELS MINERALS A UNIT

CITY DENVER STATE C ZIP CODE 80265

9. WELL NUMBER #2

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 14 below.) At surface 1100' FNL & 1600' FWL At proposed production zone same as above



10. FIELD OR WILDCAT WATTENBERG

12. COUNTY WELD

11. QTR. QTR. SEC., T.R. AND MERIDIAN NE NW SECTION 30-1N-68W

13A. NOTICE OF INTENTION TO: [] PLUG AND ABANDON [] MULTIPLE COMPLETION [] COMMINGLE ZONES [] FRACTURE TREAT [] REPAIR WELL [] OTHER:

13B. SUBSEQUENT REPORT OF: [] FINAL PLUG AND ABANDONMENT SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG [] ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS) [] REPAIRED WELL [] OTHER: *Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingled Completions and Recompletions.

13C. NOTIFICATION OF: [] SHUT-IN/TEMPORARILY ABANDONED DATE: (REQUIRED EVERY 6 MONTHS) [] PRODUCTION RESUMED DATE: [] LOCATION CHANGE (SUBMIT NEW PLAT) [] WELL NAME CHANGE 1/4 1/4 location [X] OTHER: CORRECTION

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 to this work).

15. DATE OF WORK

ALL PREVIOUS STATE FORMS DESCRIBED THE LOCATION FOR THE VESSELS MINERALS 'A' UNIT #2 INCORRECTLY. THE CORRECT QUARTER QUARTER SECTION FOR THE VESSELS MINERALS 'A' UNIT #2 SHOULD BE THE NE NW.

16. I hereby certify that the foregoing is true and correct SIGNED [Signature] PHONE NO. 303-825-3500 NAME (PRINT) MADALYN M. RUNGE TITLE PRODUCTION SECRETARY DATE 5/9/95

(This space for Federal or State office use) APPROVED [Signature] TITLE DATE 5-17-95

