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PetroForms

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 or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT-" for such proposals.)

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. 94-1602
3. ADDRESS OF OPERATOR 1050 - 17TH STREET, SUITE #2000	7. API NO. 05-123-18690
CITY STATE ZIP CODE DENVER C 80265	8. WELL NAME VESSELS MINERALS A UNIT
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	9. WELL NUMBER #2
12. COUNTY WELD	10. FIELD OR WILDCAT WATTENBERG
	11. QTR. QTR. SEC., T.R. AND MERIDIAN NE NW SECTION 30-1N-68W

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:	Check Appropriate Box To Indicate Nature of Notice, Report or Notification 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: <small>*Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingled Completions and Recompletions.</small>	13C. NOTIFICATION OF: <input type="checkbox"/> SHUT-IN/TEMPORARILY ABANDONED 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 1/4 1/4 location <input checked="" type="checkbox"/> 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	<i>Madalyn M. Runge</i>	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	<i>[Signature]</i>	TITLE	<i>[Signature]</i>
CONDITIONS OF APPROVAL, IF ANY:			

