

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



00051037

FOR OFFICE USE			
ET	FE	UC	SE
<input checked="" type="checkbox"/>			

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 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. 85-361
3. ADDRESS OF OPERATOR 1050 - 17TH ST., Ste. # 2000		7. API NO. 05-123-12370
CITY STATE ZIP CODE DENVER CO 80265		8. WELL NAME THOMAS E UNIT
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 14 below.) At surface 1140' FSL & 1450' FEL 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 SW SE Sec.7-1N-68W

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

13A. NOTICE OF INTENTION TO: <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> MULTIPLE COMPLETION <input checked="" type="checkbox"/> COMMINGLE ZONES <input checked="" type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> OTHER:	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: *Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingled Completions and Recompletions	13C. NOTIFICATION OF: <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:
---	---	---

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 1992

JOB PROCEDURE

1. Tag up with tubing
2. Pull tubing
3. Dump sand over J-SAND perfs
4. Perforate Codell from 7853' to 7871'
5. Run tubing and packer
6. Frac w/85,000 gallons x-linked gel, 10,000# 100 mesh & 350,000# 20/40 sand
7. Flow back Codell for approximately two (2) months
8. Commingle with J-Sand (see attached wellbore sketch).

RECEIVED

OCT 29 1992

COLO. OIL & GAS CONS. COMM.

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

SIGNED Madalyn M. Runge PHONE NO. (303) 825-3500
NAME (PRINT) Madalyn M. Runge TITLE Production Secretary DATE 10/22/92

(This space for Federal or State office use)

APPROVED R. Van Sickle TITLE Engr. DATE NOV 02 1992
CONDITIONS OF APPROVAL, IF ANY: