

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

FOR OFFICE USE			
ET	FE	UC	SE
<i>Cup</i>	<i>Cup</i>		

**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 <b>VESSELS OIL &amp; GAS COMPANY</b>	6. PERMIT NO. <b>85-361</b>
3. ADDRESS OF OPERATOR <b>1050 - 17TH ST., Ste. # 2000</b>	7. API NO. <b>05-123-12370-1</b>
CITY STATE ZIP CODE <b>DENVER CO 80265</b>	8. WELL NAME <b>THOMAS 'E' UNIT</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 14 below.) At surface <b>1140' FSL &amp; 1450' FEL</b> At proposed production zone <b>same as above</b>	9. WELL NUMBER <b>#2</b>
12. COUNTY <b>WELD</b>	10. FIELD OR WILDCAT <b>WATTENBERG</b>
	11. QTR. QTR. SEC., T.R. AND MERIDIAN <b>NE SW SE Sec.7-1N-68W</b>

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/Commingle 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 UPON APPROVAL

1. Tag up with tubing.
2. Pull tubing.
3. Dump sand over J-SAND and Codell perfs or set CIBP above Codell.
4. Run NGT log.
5. Perforate Niobrara from 7592' to 7733'.
6. Run tubing and packer, breakdown Niobrara with acid and frac down tubing OR Frac down casing with 240,000# 20/40 sand, spearheading acid ahead.
7. Flow back Niobrara for approximately two (2) months.
8. Commingle Niobrara with J-SAND and Codell (see attached wellbore sketch)

RECEIVED  
JUN 16 1993  
COLO. OIL & GAS CONS. COMM.

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

SIGNED E. Reed Fischer PHONE NO. **(303) 825-3500**  
NAME (PRINT) **E. REED FISCHER** TITLE **FIELD ENGINEER** DATE **6/11/93**

(This space for Federal or State office use)

APPROVED William Clartin TITLE S DATE 6-28-93

CONDITIONS OF APPROVAL, IF ANY:

operator To comply with  
order A-1-3



Amended DJ Basin policy Docket No 1-12-20 requires surface owner notice, not less than 7 days or more than 30 prior to operation.