

RECEIVED

AUG 11 1976

OIL AND GAS CONSERVATION COMMISSION
 DEPARTMENT OF NATURAL RESOURCES
 OF THE STATE OF COLORADO

00230578

File in duplicate for Patented and Federal lands.
 File in triplicate for State lands.

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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Dry Hole		5. LEASE DESIGNATION AND SERIAL NO. 00230578 & GAS CONS. COMM.	
2. NAME OF OPERATOR Vessels Oil & Gas Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 600 S. Cherry St., Suite 1220, Denver, Colo. 80222		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL & 660' FWL Sec. 6-T3S-R61W (SWSW) At proposed prod. zone		8. FARM OR LEASE NAME Hubbs	
14. PERMIT NO. 76-645		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5139 GL 5145 KB		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 6-T3S-R61W	
		12. COUNTY Adams	13. STATE Colo.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (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.)

Date of work 8/2/76

This well was a dry hole
 Pumped 100 sacks light cement 850-400'
 Pumped 15 sacks light cement 250-154' (Surface at 205')
 Pumped 10 sacks light cement in top of surface
 Welded steel plate in top of surface.

DVR	
FJP	
HHM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
JJD	<input checked="" type="checkbox"/>
GCH	
COM	<input checked="" type="checkbox"/>

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

SIGNED *Richard J. Gaudin*

TITLE Operator-Agent

DATE 8/9/76

(This space for Federal or State office use)

APPROVED BY *W. Rogers*
 CONDITIONS OF APPROVAL, IF ANY:

TITLE DIRECTOR
D & G CONS. COMM.

DATE AUG 12 1976