

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



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SUBMIT ORIGINAL AND 1 COPY

FOR OFFICE USE ONLY			
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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. 841724
3. ADDRESS OF OPERATOR 1050 17th Street, Suite 2000 CITY STATE ZIP CODE Denver Colorado 80265		7. API NO. 05 013 6193 -1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 990' FSL & 990' FEL At proposed prod. zone same		8. WELL NAME Erie Eight "E" Unit
		9. WELL NUMBER 1
		10. FIELD OR WILDCAT Wattenberg
12. COUNTY Boulder		11. QTR. QTR. SEC., T.R. AND MERIDIAN SESE Section 24-T1N-R69W

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 <small>*Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingle 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 <input type="checkbox"/> OTHER
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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

**RECEIVED**

APR 29 1991

JOB PROCEDURE:

1. Tag up with tubing
2. Pull tubing
3. Dump sand over "J" Sand perfs
4. Perforate Codell from 7912' - 7929'
5. Run tubing and packer
6. Frac with 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) (within 2 to 3 months)

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

SIGNED Polly Durden TELEPHONE NO. 825-3500

NAME (PRINT) Polly Durden TITLE Production Technician DATE 4-24-91

(This space for Federal or State office use)

APPROVED Stephen Rott TITLE Sr. Engr DATE 4/30/91  
CONDITIONS OF APPROVAL, IF ANY: