



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 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. 84-1724
3. ADDRESS OF OPERATOR 1050 - 17TH ST., Ste. # 2000	7. API NO. 05-013-6193
CITY DENVER STATE CO ZIP CODE 80265	8. WELL NAME Erie Eight 'E' Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 14 below.) At surface 990' FSL & 990' FEL At proposed production zone same as above	9. WELL NUMBER #1
12. COUNTY BOULDER	10. FIELD OR WILDCAT WATTENBERG
	11. QTR. QTR. SEC., T.R. AND MERIDIAN NW SE SE SEC.24-1N-69W

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:
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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

1. Tag up with tubing.
2. Pull tubing.
3. Set CIBP above codell
4. SHOOT SQUEEZE HOLES @ 7490, SET CEMENT RETAINER @ 7500, RUN TBG & PKR
5. SQUEEZE 200 SX CEMENT, PULL TUBING, RUN CBL, DRILL OUT CEMENT
6. Perf NIOBRARA from 7680-7700, 7803-08, 7800-20
7. Run tubing, packer, breakdown each zone w/acid
8. Pull tubing, packer
9. FRAC w/400,000# 20/40 sand
10. Flow test for 3 months
11. COMMINGLE NBRR WITH CODL

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

SIGNED J. Anthony Losacano PHONE NO. **(303) 825-3500**
NAME (PRINT) **J. ANTHONY LOSACANO** TITLE **FIELD ENGINEER** DATE **01/14/94**

(This space for Federal or State office use)

APPROVED _____
CONDITIONS OF APPROVAL, IF ANY:

Sr. Petroleum Engineer
O & G Conservation Commission
TITLE

DATE **FEB 11 1994**
FEB 17 1994