

**STATE OF COLORADO  
OIL AND GAS CONSERVATION COMMISSION**

DEPARTMENT OF NATURAL RESOURCES  
SUBMIT ORIGINAL AND 1 COPY

FOR OFFICE USE			
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	SEP 18 1996		

**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 checked="" type="checkbox"/> OIL WELL <input 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.
3. ADDRESS OF OPERATOR <b>1050 - 17TH STREET, SUITE #2000</b>		7. API NO.
CITY: <b>DENVER</b> STATE: <b>C</b> ZIP CODE: <b>80265</b>		8. WELL NAME <b>THOMAS</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 14 below.) At surface: <b>874' FSL &amp; 2093' FWL</b> At proposed production zone: <b>Same as above.</b>		9. WELL NUMBER <b>7-14</b>
12. COUNTY <b>WELD</b>		10. FIELD OR WILDCAT <b>WATTENBERG</b>
		11. QTR. QTR. SEC., T.R. AND MERIDIAN <b>SE SW SEC. 7-T1N-R68W</b>

13A. NOTICE OF INTENTION TO: <input type="checkbox"/> PLUG AND ABANDON <input checked="" type="checkbox"/> MULTIPLE COMPLETION <input checked="" type="checkbox"/> COMMINGLE ZONES <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> OTHER:	Check Appropriate Box To Indicate Nature of Notice, Report or Notification 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 to this work).

15. DATE OF WORK    11/16/96



Completion Procedure:

- Sussex and/or Shannon will be cemented if potentially productive.
- NB-CD will be perforated 1 spf and frac'd together with 400,000 lb 20/40 sand.
- NB-CD will be produced for a period of 1 to 3 months. A CIBP will be placed over NB-CD.
- Sussex and Shannon (if both potentially productive) will be perforated 1spf and frac'd together with 500,000 lb 16/30 sand
- SX-SN will be produced for approximately 1 month.
- The CIBP will be drilled and the SX-SN will be commingled with the NB-CD. All zones will produce up tubing.

MINERAL OWNERSHIP IS COMMON IN ALL ZONES.

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

SIGNED: *Dawn H. Darling*    PHONE NO. 303-825-3500  
 NAME (PRINT) DAWN H. DARLING    TITLE PRODUCTION ENGINEER    DATE 9/15/96

(This space for Federal or State office use)  
 APPROVED: *DK Wilson*    TITLE SR. PETROLEUM ENGINEER    DATE SEP 24 1996  
 CONDITIONS OF APPROVAL, IF ANY: O & G Cons. Comm.