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

RECEIVED

SEP 27 1982

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

OIL &amp; GAS CONS. COMM. LEASE DESIGNATION &amp; SERIAL NO.

## 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 checked="" type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Vessels Oil & Gas Company		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 600 South Cherry Street, Suite 1220, Denver, Colorado 80202		8. FARM OR LEASE NAME Gunther 'G' Unit #1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 990' FNL & 990' FEL Section 31-T1N-R68W At proposed prod. zone		9. WELL NO. 1	
10. FIELD AND POOL, OR WILDCAT Wattenberg		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 31-T1N-R68W	
14. PERMIT NO. 821070	15. ELEVATIONS (Show whether DF, RT, GR, etc.) Survey Plat to Follow	12. COUNTY Weld	13. STATE Colorado

## 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) Permit Extension	X

## 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 type="checkbox"/>
(Other) _____	(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.)

18. Date of work \_\_\_\_\_ \* Must be accompanied by a cement verification report.

The foxhill formation will be set through eiyl 8 5/8" surface casing.

Please extend expiration date of 10/22/82 for 120 days.



00061580

Extend to Feb 19, 1983

DVR	
RIP	
HFM	
JAM	✓
JJB	
RLS	
CON	

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

SIGNED Mark K. Brennan TITLE Production Manager DATE 9/25/82

(This space for Federal or State office use)

APPROVED BY W. Rogers TITLE DIRECTOR  
O & G Cons. Comm. DATE SEP 30 1982

CONDITIONS OF APPROVAL, IF ANY: