



00061583

STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCESFile in duplicate for Patented and Federal lands.
File in triplicate for State lands.RECEIVED
5. LEASE DESIGNATION & SERIAL NO.6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SEP 28 1983

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		7. UNIT AGREEMENT NAME COLO. OIL & GAS CONS. COMM.	
2. NAME OF OPERATOR Vessels Oil & Gas Company		8. FARM OR LEASE NAME Gunter 'G' Unit	
3. ADDRESS OF OPERATOR 600 South Cherry Street, Suite 1220, Denver, CO 80222		9. WELL NO. 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		10. FIELD AND POOL, OR WILDCAT Wattenberg	
		11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA 31 Section 21-T1N-R68W	
14. PERMIT NO. 821070	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	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

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL.

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON

CHANGE PLANS.

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Abandon Location

(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.

Abandon location.

DVR	
FJP	
HMM	<input checked="" type="checkbox"/>
JAM	<input checked="" type="checkbox"/>
RCC	
LAR	<input checked="" type="checkbox"/>
GCM	

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

SIGNED

TITLE

Production Manager

DATE 9/28/83

(This space for Federal or State office use)

APPROVED BY

TITLE

DIRECTOR

DATE

OCT 20 1983

CONDITIONS OF APPROVAL, IF ANY:

O & G Cons. Comm.