

FORM
2
Rev
12/05

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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APPLICATION FOR PERMIT TO:

1. Drill, Deepen, Re-enter, Recomplete and Operate

2. TYPE OF WELL

OIL GAS COALBED OTHER _____
SINGLE ZONE MULTIPLE ZONE COMMINGLE ZONE

Refilling
Sidetrack

Document Number:
1710862
Plugging Bond Surety
20080009

3. Name of Operator: NOBLE ENERGY INC 4. COGCC Operator Number: 100322

5. Address: 1625 BROADWAY STE 2200
City: DENVER State: CO Zip: 80202

6. Contact Name: KATESHIRLEY Phone: (281)876-6105 Fax: (281)876-2503
Email: KSHIRLEY@NOBLEENERGYINC.COM

7. Well Name: HYRUP Well Number: 2-34A

8. Unit Name (if appl): _____ Unit Number: _____

9. Proposed Total Measured Depth: 6280

WELL LOCATION INFORMATION

10. QtrQtr: SWSE Sec: 2 Twp: 8S Rng: 96W Meridian: 6
Latitude: 39.372917 Longitude: -108.073052

Footage at Surface: 345 FNL/FSL FSL 1678 FEL/FWL FEL

11. Field Name: GRAND VALLEY Field Number: 31290

12. Ground Elevation: 5801 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 05/20/2009 PDOP Reading: 2.2 Instrument Operator's Name: R. RENNKE

15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**

Footage at Top of Prod Zone: FNL/FSL _____ FEL/FWL _____ Bottom Hole: FNL/FSL _____ FEL/FWL _____
902 FSL 2260 FEL 902 FSL 2260 FEL
Sec: _____ Twp: _____ Rng: _____ Sec: 2 Twp: 8S Rng: 96W

16. Is location in a high density area? (Rule 603b)? Yes No

17. Distance to the nearest building, public road, above ground utility or railroad: 1511

18. Distance to nearest property line: 955 19. Distance to nearest well permitted/completed in the same formation: 300

20. LEASE, SPACING AND POOLING INFORMATION

Objective Formation(s)	Formation Code	Spacing Order Number(s)	Unit Acreage Assigned to Well	Unit Configuration (N/2, SE/4, etc.)
ILES	ILES	139-51	40	SWSE
WILLIAMS FORK	WMFK	139-45	40	SWSE

21. Mineral Ownership: Fee State Federal Indian Lease #: _____

22. Surface Ownership: Fee State Federal Indian

23. Is the Surface Owner also the Mineral Owner? Yes No Surface Surety ID#: _____

23a. If 23 is Yes: Is the Surface Owner(s) signature on the lease? Yes No

23b. If 23 is No Surface Owners Agreement Attached or \$25,000 Blanket Surface Bon \$2,000 Surface Bond \$5,000 Surface Bond

24. Using standard QtrQtr, Sec, Twp, Rng format enter entire mineral lease description upon which this proposed wellsite is located (attach separate sheet/map if you prefer):
SEE ATTACHED

25. Distance to Nearest Mineral Lease Line: 966 26. Total Acres in Lease: 1420

DRILLING PLANS AND PROCEDURES

27. Is H2S anticipated? Yes No If Yes, attach contingency plan.

28. Will salt sections be encountered during drilling? Yes No

29. Will salt (>15,000 ppm TDS CL) or oil based muds be used during drilling? Yes No

30. If questions 27 or 28 are yes, is this location in a sensitive area (Rule 903)? Yes No **If 28, 29, or 30 are "Yes" a pit permit may be required.**

31. Mud disposal: Offsite Onsite
Method: Land Farming Land Spreading Disposal Facility Other: _____

Note: The use of an earthen pit for Recompletion fluids requires a pit permit (Rule 905b). If air/gas drilling, notify local fire officials.

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
CONDUCTOR	20	16		60		60	0
SURF	12+1/4	8+5/8	24	1,500	550	1,500	0
1ST	7+7/8	4+1/2	11.6	6,280	450	6,280	

32. BOP Equipment Type: Annular Preventer Double Ram Rotating Head None

33. Comments THE PAD IS BUILT AND NOBLE HAS ALREADY DRILLED SIX WELLS ON THIS PAD. THIS APPLICATION REMAINS THE SAME AS PRIOR PERMITS.

34. Location ID: 334103

35. Is this application in a Comprehensive Drilling Plan ? Yes No

36. Is this application part of submitted Oil and Gas Location Assessment ? Yes No

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Y Print Name: KATE SHIRLEY

Title: REG SPECIALIST Date: 6/4/2009 Email: KSHIRLEY@NOBLEENERGYI

Based on the information provided herein, this Application for Permit-to-Drill complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: David S. Nesline Director of COGCC Date: 9/12/2009

API NUMBER
05 045 14066 00

Permit Number: 20092628 Expiration Date: 9/11/2010

CONDITIONS OF APPROVAL, IF ANY:

Condition of Approval

Comment	User Name	Comment Date
Agency 24 HOUR SPUD NOTICE REQUIRED. E-MAIL: david.andrews@state.co.us GARFIELD COUNTY RULISON FIELD NOTICE TO OPERATORS. NOTE: ALL NOTICES SHALL BE GIVEN VIA E-MAIL. SEE ATTACHED NOTICE CEMENT TOP VERIFICATION BY CBL REQUIRED. THE MOISTURE CONTENT OF ANY DRILL CUTTINGS IN A CUTTINGS PIT, TRENCH, OR PILE SHALL BE AS LOW AS PRACTICABLE TO PREVENT ACCUMULATION OF LIQUIDS GREATER THAN DE MINIMIS AMOUNTS. AT THE TIME OF CLOSURE, THE DRILL CUTTINGS MUST ALSO MEET THE APPLICABLE STANDARDS OF TABLE 910 -1. THE PROPOSED SURFACE CASING IS MORE THAN 50' BELOW THE DEPTH OF THE DEEPEST WATER WELL WITHIN 1MILE OF THE SURFACE LOCATION WHEN CORRECTED FOR ELEVATION DIFFERENCES. THE DEEPEST WATER WELL WITHIN 1 MILE IS 340 FEET DEEP.		08/25/2009

Attachment Check List

Att Doc Num	Name	Doc Description	Op. Check	File Size
1408938	TOPO MAP	LF@2062854 1408938	Y	
1710862	APD APPROVED	1710862.pdf	Y	
1710863	WELL LOCATION PLAT	LF@2062794 1710863	Y	
1710864	TOPO MAP	LF@2062857 1710864	Y	
1710865	30 DAY NOTICE LETTER	LF@2062795 1710865	Y	
400005085	APD ORIG & 1 COPY	LF@2062793 400005085	Y	

Total Attach: 6 Files