

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

Refiling
Sidetrack

Document Number:
1904784
Plugging Bond Surety
20030009

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: MARICLARK Phone: (281)876-6105 Fax: (281)876-2503
Email: MCLARK@NOBLEENERGYINC.COM
7. Well Name: ARENS G Well Number: 26-19
8. Unit Name (if appl): _____ Unit Number: _____
9. Proposed Total Measured Depth: 7664

WELL LOCATION INFORMATION

10. QtrQtr: SWNW Sec: 26 Twp: 4N Rng: 65W Meridian: 6
Latitude: 40.286500 Longitude: -104.635360
Footage at Surface: 1480 FNL/FSL FNL 1300 FEL/FWL FWL
11. Field Name: WATTENBERG Field Number: 90750
12. Ground Elevation: 4720 13. County: WELD

14. GPS Data:
Date of Measurement: 05/06/2009 PDOP Reading: 1.4 Instrument Operator's Name: ROBERT DALEY

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 _____
Sec: _____ Twp: _____ Rng: _____ Sec: _____ Twp: _____ Rng: _____

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: 1185
18. Distance to nearest property line: 161 19. Distance to nearest well permitted/completed in the same formation: 813

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.)
CODELL	CODL	407-87	160	NW4
J SAND	JSND	232-23	160	NW4
NIOBRARA	NBRR	407-87	160	NW4

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#: 20030012

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):
T4N-R65W, SEC. 26: S/2NW/4

25. Distance to Nearest Mineral Lease Line: 161 26. Total Acres in Lease: 80

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
SURF	12+1/4	8+5/8	24	550	232	550	0
1ST	7+7/8	4+1/2	11.6	7,664	719	7,664	

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

33. Comments NO CONDUCTOR CASING WILL BE USED.

34. Location ID: _____

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: MARI CLARK

Title: REGULATORY ANALYST II Date: 6/11/2009 Email: MCLARK@NOBLEENERGYIN

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. Nashin Director of COGCC Date: 9/21/2009

API NUMBER 05 123 30608 00	Permit Number: <u>20092648</u>	Expiration Date: <u>9/20/2010</u>
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CONDITIONS OF APPROVAL, IF ANY: _____

Condition of Approval

Comment

Agency

1) PROVIDE 24 HOUR NOTICE OF MIRU TO ED BINKLEY AT 970-506-9834 OR E-MAIL AT ED.BINKLEY@STATE.CO.US 2) COMPLY WITH RULE 317.I AND PROVIDE CEMENT COVERAGE FROM TD TO A MINIMUM OF 200' ABOVE NIOBRARA AND FROM 200' BELOW SUSSEX TO 200' ABOVE SUSSEX. VERIFY COVERAGE WITH CEMENT BOND LOG.

IF WELL IS DRILLED DURING IRRIGATION SEASON THE PIT SHALL BE LINED OR A CLOSED LOOP DRILLING SYSTEM USED.

Attachment Check List

Att Doc Num	Name	Doc Description
1904784	APD ORIG & 1 COPY	LF@2064583 1904784
1904785	WELL LOCATION PLAT	
1904786	30 DAY NOTICE LETTER	LF@2064585 1904786

Total Attach: 3 Files