

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:
1712202
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: KATESHIRLEY Phone: (303)228-4449 Fax: (303)228-4280
Email: KSHIRLEY@NOBLEENERGYINC.COM

7. Well Name: PARACHUTE RANCH FEDERAL Well Number: 35-33B

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

9. Proposed Total Measured Depth: 6376

WELL LOCATION INFORMATION

10. QtrQtr: NESE Sec: 35 Twp: 7S Rng: 96W Meridian: 6
Latitude: 39.392891 Longitude: -108.071002

Footage at Surface: 2320 FNL/FSL FSL 974 FEL/FWL FEL

11. Field Name: RULISON Field Number: 75400

12. Ground Elevation: 5562 13. County: GARFIELD

14. GPS Data:

Date of Measurement: 06/07/2007 PDOP Reading: 2.0 Instrument Operator's Name: DAN MORBY

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

Footage at Top of Prod Zone: FNL/FSL 2226 FSL 2013 FEL FEL Bottom Hole: FNL/FSL 2226 FSL 2013 FEL FEL
Sec: 35 Twp: 7S Rng: 96W Sec: 35 Twp: 7S 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: 325

18. Distance to nearest property line: 935 19. Distance to nearest well permitted/completed in the same formation: 344

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	510-36	40	NWSE
WILLIAMS FORK	WMFK	510-36	40	NWSE

21. Mineral Ownership: Fee State Federal Indian Lease #: COC-64739

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):
ON FILE WITH STATE

25. Distance to Nearest Mineral Lease Line: 691 26. Total Acres in Lease: 671

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: EVAP PIT

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	24	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	6,376	350	6,376	

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

33. Comments MINERALS ARE 50% FEE, 50% FEDERAL. THE CONDUCTOR HAS BEEN SET FOR THIS WELL. THIS REFILE PERMIT APPLICATION IS THE SAME AS PRIOR APPROVED.

34. Location ID: 334376

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: _____ Print Name: KATE SHIRLEY

Title: REG SPECIALIST Date: 7/31/2009 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: 9/27/2009

API NUMBER: **05 045 15832 00** Permit Number: _____ Expiration Date: 9/26/2010

CONDITIONS OF APPROVAL, IF ANY: _____

Condition of Approval

Comment

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 1-MILE OF THE SURFACE LOCATION WHEN CORRECTED FOR ELEVATION DIFFERENCES. THE DEEPEST WATER WELL WITHIN 1-MILE IS 295 FEET DEEP.

Attachment Check List

Att Doc Num	Name	Doc Description
1712202	APD ORIG & 1 COPY	LF@2115641 1712202
1712644	30 DAY NOTICE LETTER	LF@2142046 1712644

Total Attach: 2 Files