

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



DE	ET	OE	ES
----	----	----	----

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:

400030060

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:
- Kate Shirley
- Phone:
- (303)228-4449
- Fax:
- (303)228-4286
-
- Email:
- kshirley@nobleenergyinc.com
-
7. Well Name:
- KOHLHOFF USX AB
- Well Number:
- 17-01P
-
8. Unit Name (if appl): _____ Unit Number: _____
-
9. Proposed Total Measured Depth:
- 7340

WELL LOCATION INFORMATION

10. QtrQtr:
- NENE
- Sec:
- 17
- Twp:
- 7N
- Rng:
- 64W
- Meridian:
- 6
-
- Latitude:
- 40.578210
- Longitude:
- 104.566460
-
- Footage at Surface:
- 713
- FNL/FSL
- FNL
- 665
- FEL/FWL
- FEL
-
11. Field Name:
- Wattenberg
- Field Number:
- 90750
-
12. Ground Elevation:
- 4944
13. County:
- WELD

14. GPS Data:

Date of Measurement: 11/11/2009 PDOP Reading: 2.5 Instrument Operator's Name: Steven A. Lund

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: 660 ft18. Distance to nearest property line: 665 ft 19. Distance to nearest well permitted/completed in the same formation: 1336 ft

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.)
Codell	CODL		80	E/2NE/4
Niobrara	NBRR		80	E/2NE/4

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):
All Section 17 7N-64W

25. Distance to Nearest Mineral Lease Line: 665 ft 26. Total Acres in Lease: 640

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: Closed Loop

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	750	312	750	0
1ST	7+7/8	4+1/2	11.6	7,340	671	7,340	

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

33. Comments No conductor casing will be used. First string top of cement is 200 feet above Niobrara.

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: _____ Print Name: Kate Shirley

Title: Regulatory Specialist Date: _____ Email: kshirley@nobleenergyinc.com

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: _____ Director of COGCC Date: _____

API NUMBER 05 Permit Number: _____ Expiration Date: _____

CONDITIONS OF APPROVAL, IF ANY: _____

All representations, stipulations and conditions of approval stated in the Form 2A for this location shall constitute representations, stipulations and conditions of approval for this Form 2 Permit-to-Drill and are enforceable to the same extent as all other representations, stipulations and conditions of approval stated in this Permit-to-Drill.

Attachment Check List

Att Doc Num	Name	Doc Description
400030434	WELL LOCATION PLAT	KohlHoff USX AB 17-01P_Well Location Plat.pdf
400030435	30 DAY NOTICE LETTER	KohlHoff USX AB 17-01P_30DayNotice.pdf

Total Attach: 2 Files