

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:
1758426
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: EILEEN ROBERTS Phone: (303)228-4330 Fax: (303)228-4286
Email: EROBERTS@NOBLEENERGYINC.COM

7. Well Name: OLIN L Well Number: 16-20

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

9. Proposed Total Measured Depth: 8000

WELL LOCATION INFORMATION

10. QtrQtr: NESW Sec: 16 Twp: 3N Rng: 66W Meridian: 6
Latitude: 40.224640 Longitude: -104.786620

Footage at Surface: 2550 FNL/FSL FSL 1460 FEL/FWL FWL

11. Field Name: WATTENBERG Field Number: 90750

12. Ground Elevation: 4899 13. County: WELD

14. GPS Data:

Date of Measurement: 05/12/2009 PDOP Reading: 2.2 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: 400 ft

18. Distance to nearest property line: 144 ft 19. Distance to nearest well permitted/completed in the same formation: 809 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	407-87	160	GWA
J-SAND	JSND	232-23	160	GWA
NIOBRARA	NBRR	407-87	160	GWA

21. Mineral Ownership: Fee State Federal Indian Lease #: 72/3201S

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):
ALL 16, T3N-R66W

25. Distance to Nearest Mineral Lease Line: 1460 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: _____

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	650	232	650	0
1ST	7+7/8	4+1/2	11.6	8,000	518	8,000	

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: _____ Print Name: EILEEN A. ROBERTS

Title: REGULATORY Date: 8/18/2009 Email: EROBERTS@NOBLEENERGY

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: 12/4/2009

API NUMBER
05 123 30810 00

Permit Number: _____ Expiration Date: 12/3/2011

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.

1) Provide 24 hour notice of MIRU to Jim Precup at 303-469-1902 or e-mail at james.precup@state.co.us 2) Comply with Rule 317.i and provide cement coverage from TD to a minimum of 200' above Niobrara. Verify coverage with cement bond log.

Attachment Check List

Att Doc Num	Name	Doc Description
1303126	SURFACE AGRMT/SURETY	LF@2126683 1303126
1758427	WELL LOCATION PLAT	LF@2126686 1758427
1758428	SURFACE AGRMT/SURETY	LF@2126688 1758428
1758429	30 DAY NOTICE LETTER	LF@2126690 1758429
1758430	PROPOSED SPACING UNIT	LF@2126696 1758430
1758431	EXCEPTION LOC REQUEST	LF@2126692 1758431
1758432	EXCEPTION LOC WAIVERS	LF@2126694 1758432
1758589	EXCEPTION LOC REQUEST	LF@2130240 1758589
1758954	WELL LOCATION PLAT	LF@2126686 1758954
1760058	PROPOSED SPACING UNIT	LF@2190662 1760058
1769213	SURFACE CASING CHECK	LF@2170098 1769213
400020238	APD ORIGINAL	LF@2126684 400020238

Total Attach: 12 Files