

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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Document Number:

400065289

Plugging Bond Surety

20030009

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

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: MARI CLARK Phone: (303)228-4413 Fax: (303)228-4286
 Email: mclark@nobleenergyinc.com
 7. Well Name: LAZY D ZN Well Number: 03-09
 8. Unit Name (if appl): _____ Unit Number: _____
 9. Proposed Total Measured Depth: 9600

WELL LOCATION INFORMATION

10. QtrQtr: NESW Sec: 3 Twp: 11N Rng: 66W Meridian: 6
 Latitude: 40.949840 Longitude: -104.760390
 Footage at Surface: 2639 FNL/FSL FSL 1990 FEL/FWL FEL
 11. Field Name: WILDCAT Field Number: 99999
 12. Ground Elevation: 5894 13. County: WELD

14. GPS Data:

Date of Measurement: 05/20/2010 PDOP Reading: 2.5 Instrument Operator's Name: DAVID C HOLMES

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: 5281 ft

18. Distance to nearest property line: 1990 ft 19. Distance to nearest well permitted/completed in the same formation: 5281 ft

20. LEASE, SPACING AND POOLING INFORMATION

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):
T11N R66W, SECTION 11: S/2 & T11N, R66W SECTION 11: N/2

25. Distance to Nearest Mineral Lease Line: _____ 1 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	2,200	350	2,200	0
1ST	7+7/8	5+1/2	26	9,600	890	9,600	

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

33. Comments NO CONDUCTOR CASING WILL BE USED. NO COMPLETION WILL BE PERFORMED ON THIS WELL. WELL IS TO BE USED FOR MONITOR. NOBLE OWN'S 100% OF THE S/2 & N/2 LEASE. THE MINERAL OWNER IS THE SAME ON THE S/2 & N/2. 1ST STRING TOP OF CEMENT = 200' 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: MARI CLARK _____

Title: REG. ANALYST II Date: _____ Email: mclark@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
400065486	WELL LOCATION PLAT	2415-Sharp-5001N_20100527_132414.pdf
400065488	30 DAY NOTICE LETTER	2415-Sharp-5001N_20100527_132430.pdf

Total Attach: 2 Files