

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

Refilling
Sidetrack

Document Number:

2558251

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: ANDREA RAWSON Phone: (303)228-4253 Fax: (303)228-4286
Email: ARAWSON@NOBLEENERGYINC.COM

7. Well Name: GUTTERSEN STATE CC Well Number: 20-06

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

9. Proposed Total Measured Depth: 7400

WELL LOCATION INFORMATION

10. QtrQtr: SENW Sec: 20 Twp: 4N Rng: 63W Meridian: 6

Latitude: 40.299350 Longitude: -104.464100

Footage at Surface: 1957 FNL/FSL FNL 1940 FEL/FWL FWL

11. Field Name: WATTENBERG Field Number: 90750

12. Ground Elevation: 4732 13. County: WELD

14. GPS Data:

Date of Measurement: 11/14/2006 PDOP Reading: 1.9 Instrument Operator's Name: PAUL TAPPY

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: _____

18. Distance to nearest property line: 1940 ft 19. Distance to nearest well permitted/completed in the same formation: 2052 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	80	E2/NW4
NIOBRARA	NBRR	407-87	80	E2/NW4

21. Mineral Ownership: Fee State Federal Indian Lease #: 70/7860S

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-R63W. 6TH PM SECTION 20 W/2

25. Distance to Nearest Mineral Lease Line: 1940 ft 26. Total Acres in Lease: 320

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	551	215	551	0
1ST	7+7/8	4+1/2	11.6	7,323	200	7,323	6,152

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

33. Comments Permission from operator to enter Plugging Bond ID and change line 32 to none. SF 6/29/10

34. Location ID: 332395

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: ANDREA RAWSON

Title: REGULATORY SPECIALIST Date: 6/15/2010 Email: ARAWSON@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. Noshin Director of COGCC Date: 7/21/2010

API NUMBER
 05 123 22236 00

Permit Number: _____ Expiration Date: 7/20/2012

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.

COGCC ENG COA Prior to recompletion, operator must:

- 1) Provide 24 hour notice of MIRU to Bo Brown at 970-330-6085 or email at bo.brown@state.co.us
- 2) Monitor the Bradenhead during well stimulation per Rule 341.
- 3) Upon well recompletion operator shall file a COGCC Form 5, Completion Report reflecting the actual casing and cement configuration.

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Attachment Check List

Att Doc Num	Name	Doc Description
1725995	SURFACE CASING CHECK	LF@2501995 1725995
2558251	APD ORIGINAL	LF@2493917 2558251

Total Attach: 2 Files