

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:
400083445

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: Susan Miller Phone: (303)228-4246 Fax: (303)228-4286
Email: smiller@nobleenergyinc.com

7. Well Name: HANSCOME Well Number: G11-99HZ

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

9. Proposed Total Measured Depth: 11637

WELL LOCATION INFORMATION

10. QtrQtr: SWNW Sec: 12 Twp: 4N Rng: 65W Meridian: 6
Latitude: 40.330280 Longitude: -104.620030

Footage at Surface: 1440 FNL 253 FWL

11. Field Name: Wattenberg Field Number: 90750

12. Ground Elevation: 4742 13. County: WELD

14. GPS Data:

Date of Measurement: 05/20/2010 PDOP Reading: 2.1 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 _____

1233 FNL 613 FEL 1500 FNL 460 FWL

Sec: 11 Twp: 4N Rng: 65W Sec: 11 Twp: 4N Rng: 65W

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: 220 ft

18. Distance to nearest property line: 118 ft 19. Distance to nearest well permitted/completed in the same formation: 1049 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.)
Niobrara	NBRR	Unspaced	320	See Comments

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):
N/2 of Section 11, T4N-R65W

25. Distance to Nearest Mineral Lease Line: 460 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: 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
CONDUCTOR	18+1/2	16		100	6	100	0
SURF	12+1/4	9+5/8	36	650	205	650	0
1ST	8+3/4	7	26	7,273	640	7,273	
2ND	6+1/8	4+1/2	11.6				

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

33. Comments First string top of cement will be 200' above the Niobrara formation. Operator requests approval of Rule 603.a.(2) exception location for well location 118' from the nearest property line, request letter and signed waiver attached. The production liner will be hung off the inside of the 7" casing. Unit Configuration: T4N-R65W, Section 11: N/2.

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: Susan Miller

Title: Regulatory Analyst II Date: _____ Email: smiller@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: _____

Permit Number: _____ Expiration Date: _____

API NUMBER

05

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
400085747	30 DAY NOTICE LETTER	30 day notice.pdf
400085751	WELL LOCATION PLAT	Approved Plat.pdf
400085752	DEVIATED DRILLING PLAN	Dir Drilling Plan.pdf
400085846	EXCEPTION LOC REQUEST	318Aa, Ac Request.pdf
400085848	EXCEPTION LOC WAIVERS	318Aa, Ac Waiver.pdf
400085849	EXCEPTION LOC REQUEST	Prop Line Request.pdf
400085850	EXCEPTION LOC WAIVERS	Prop Line Waiver.pdf
400088379	PROPOSED SPACING UNIT	318Ae 20 Day Cert and Maps.pdf

Total Attach: 8 Files