

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:

400086028

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: JAN KAJIWARA Phone: (303)228-4092 Fax: (303)228-4286

Email: jkaiwara@nobleenergyinc.com

7. Well Name: BECCA D Well Number: 03-32D

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

9. Proposed Total Measured Depth: 7260

WELL LOCATION INFORMATION

10. QtrQtr: NWSW Sec: 3 Twp: 3N Rng: 64W Meridian: 6

Latitude: 40.254250 Longitude: -104.541960

Footage at Surface: 2550 FNL/FSL FSL 1295 FEL/FWL FWL

11. Field Name: WATTENBERG Field Number: 90750

12. Ground Elevation: 4708 13. County: WELD

14. GPS Data:

Date of Measurement: 06/21/2010 PDOP Reading: 1.7 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 _____

2545 FNL 75 FEL 2545 FNL 75 FEL

Sec: 3 Twp: 3N Rng: 64W Sec: 3 Twp: 3N Rng: 64W

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: 455 ft

18. Distance to nearest property line: 330 ft 19. Distance to nearest well permitted/completed in the same formation: 780 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	160	GWA
NIOBRARA	NBRR	407	160	GWA

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#: _____

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):
SEE ATTACHED FOR LEASE DESCRIPTION

25. Distance to Nearest Mineral Lease Line: 1295 ft 26. Total Acres in Lease: 5737

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#	550	232	550	0
1ST	7+7/8	4+1/2	11.6#	7,260	659	7,260	

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

33. Comments NO CONDUCTOR CASING WILL BE USED. 1ST STRING TOP OF CEMENT = 200' ABOVE NIOBRARA. WELL IS TO BE TWINNED WITH CODY D03-20. UNIT CONFIGURATION =SEC. 3: SW/4 NW/4, NW/4 SW/4. SEC. 4: SE/4 NE/4, NE/4 SE/4. Facilities added to permitted battery for the CODY D03-20 TANK (418188), SUNDRY ADDING EQUIPMENT WAS SUBMITTED 10/18/10.

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: JAN KAJIWARA

Title: REGULATORY ANALYST Date: _____ Email: jkajiwara@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
400091571	DEVIATED DRILLING PLAN	Deviated Drilling.pdf
400091574	WELL LOCATION PLAT	Plat.pdf
400091575	EXCEPTION LOC REQUEST	Exception Location Request.pdf
400091647	EXCEPTION LOC WAIVERS	Exception Location Waiver.pdf
400101206	LEGAL/LEASE DESCRIPTION	LEASE DESCRIPTION.pdf
400101207	SURFACE OWNER CONSENT	SUA.pdf
400101208	PROPOSED SPACING UNIT	318Ae.pdf

Total Attach: 7 Files