

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:
400085986
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: MARI CLARK Phone: (303)228-4413 Fax: (303)228-4286
Email: mclark@nobleenergyinc.com
7. Well Name: WACKER B Well Number: 10-20D
8. Unit Name (if appl): _____ Unit Number: _____
9. Proposed Total Measured Depth: 7102

WELL LOCATION INFORMATION

10. QtrQtr: NESW Sec: 10 Twp: 5N Rng: 64W Meridian: 6
Latitude: 40.412120 Longitude: -104.536940
Footage at Surface: 2040 feet FSL 2421 feet FWL
11. Field Name: WATTENBERG Field Number: 90750
12. Ground Elevation: 4604 13. County: WELD

14. GPS Data:
Date of Measurement: 07/22/2010 PDOP Reading: 1.9 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
2545 FSL 1320 FWL 2545 FSL 1320 FWL
Sec: 10 Twp: 5N Rng: 64W Sec: 10 Twp: 5N 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: 158 ft
18. Distance to nearest property line: 167 ft 19. Distance to nearest well permitted/completed in the same formation: 885 ft

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	SEE COMMENTS
NIOBRARA	NBRR	407-87	160	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):
SEE ATTACHED

25. Distance to Nearest Mineral Lease Line: 100 ft 26. Total Acres in Lease: 12

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	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top
SURF	12+1/2	8+5/8	24		500	208	500	0
1ST	7+7/8	4+1/2	11.6		7,102	636	7,102	

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. UNIT CONFIGURATION = S/2NW/4 & N/2SW/4. WELL IS TO BE TWINNED WITH PROPOSED PETERSON B10-24D.**

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: _____

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.

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Attachment Check List

Att Doc Num	Name
400124847	WELL LOCATION PLAT
400124848	LEGAL/LEASE DESCRIPTION
400124849	30 DAY NOTICE LETTER
400124851	DEVIATED DRILLING PLAN
400124852	EXCEPTION LOC REQUEST
400124853	EXCEPTION LOC WAIVERS
400124854	PROPOSED SPACING UNIT

Total Attach: 7 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)

BMP

<u>Type</u>	<u>Comment</u>

Total: 0 comment(s)