

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:

400122987

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: WILLIAMS Well Number: F15-22D

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

9. Proposed Total Measured Depth: 7233

WELL LOCATION INFORMATION

10. QtrQtr: SENE Sec: 15 Twp: 5N Rng: 65W Meridian: 6

Latitude: 40.399830 Longitude: -104.640880

Footage at Surface: 2465 feet FNL/FSL 253 feet FEL/FWL FEL

11. Field Name: Wattenberg Field Number: 90750

12. Ground Elevation: 4621 13. County: WELD

14. GPS Data:

Date of Measurement: 06/30/2010 PDOP Reading: 2.0 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 2550 FNL 1230 FEL 2550 FNL 1230 FEL
Sec: 15 Twp: 5N Rng: 65W Sec: 15 Twp: 5N 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: 178 ft

18. Distance to nearest property line: 196 ft 19. Distance to nearest well permitted/completed in the same formation: 643 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	160	GWA
Niobrara	NBRR	407-87	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 Bond ☐ \$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):
Please see attached oil & gas mineral lease. Unit Configuration: N/2SE/4, S/2NE/4.

25. Distance to Nearest Mineral Lease Line: _____ 197 ft 26. Total Acres in Lease: _____ 39

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 28 or 29 are yes, is this location in a sensitive area (Rule 901.e)? ☐ Yes ☒ No

31. Mud disposal: ☒ Offsite ☐ Onsite **If 28, 29, or 30 are "Yes" a pit permit may be required.**

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+1/4	8+5/8	24	0	600	308	600	0
1ST	7+7/8	4+1/2	11.6	0	7,233	656	7,233	

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

33. Comments Conductor casing will not be used. First string top of cement will be 200' above the Niobrara formation. This is part of a 2-well, multi-well pad which includes: proposed Williams F15-17D and F15-22D. Form 2A, doc. no. 400122841 filed under Williams F15-17D.

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: _____

API NUMBER

05 123 30557 00

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	Document Name	attached ?			
<u>Attachment Checklist</u>					
400122989	30 Day notice letter	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	APD Orig & 1 Copy	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400132300	Deviated Drilling Plan	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400132305	Exception Loc Request	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400122993	Exception Loc Waivers	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Federal Drilling Permit	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	H2S Contingency Plan	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Mineral lease map	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400141333	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Surface agrmt/Surety	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Topo map	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400132299	Well Location Plat	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400132303	PROPOSED SPACING UNIT	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400132304	PROPOSED SPACING UNIT	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400141328	OIL & GAS LEASE	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)

BMP

Type	Comment

Total: 0 comment(s)