

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:

400124456

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: WILLMANN PC Well Number: G16-27D

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

9. Proposed Total Measured Depth: 7372

WELL LOCATION INFORMATION

10. QtrQtr: NENE Sec: 16 Twp: 4N Rng: 65W Meridian: 6

Latitude: 40.318130 Longitude: -104.660890

Footage at Surface: 578 feet FNL/FSL 639 feet FEL/FWL FEL

11. Field Name: Wattenberg Field Number: 90750

12. Ground Elevation: 4738 13. County: WELD

14. GPS Data:

Date of Measurement: 12/17/2010 PDOP Reading: 4.5 Instrument Operator's Name: Brian Brinkman

15. If well is ☒ Directional ☐ Horizontal (highly deviated) **submit deviated drilling plan.**

Footage at Top of Prod Zone: FNL/FSL 75 FNL 1320 FEL FEL Bottom Hole: FNL/FSL 75 FNL 1320 FEL FEL
Sec: 16 Twp: 4N Rng: 65W Sec: 16 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: 569 ft

18. Distance to nearest property line: 578 ft 19. Distance to nearest well permitted/completed in the same formation: 698 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 #: 79/4312

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 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):
T4N-R65W Section 16: E/2NE/4, W/2SW/4. Unit Configuration: Sec. 9: S/2SE/4, Sec. 16: N/2NE/4.

25. Distance to Nearest Mineral Lease Line: 2 ft 26. Total Acres in Lease: 160

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	650	250	650	0
1ST	7+7/8	4+1/2	11.6	0	7,372	676	7,372	

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

33. Comments Conductor casing won't be used for this well. 1st String TOC = 200 ft above Niobrara. This well is being added to an existing location and is twinning with the Willman H41-16. Production will go off location to an existing tank battery (doc #400124458)

34. Location ID: 322644

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: _____

05	API NUMBER	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.

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Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400130165	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"/>
400130170	Deviated Drilling Plan	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Exception Loc Request	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Exception Loc Waivers	Yes	<input type="checkbox"/>	No	<input checked="" 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"/>
400141390	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"/>
400130167	Well Location Plat	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
400132114	PROPOSED SPACING UNIT	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400132115	PROPOSED SPACING UNIT	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

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)