

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 Injection  
SINGLE ZONE  MULTIPLE ZONE  COMMINGLE ZONE

Refiling   
Sidetrack

Document Number:  
400159721  
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: Cheryl Johnson Phone: (303)228-4437 Fax: (303)228-4286  
Email: cheryljohnson@nobleenergyinc.com

7. Well Name: Chapman Well Number: SWD #1

8. Unit Name (if appl): \_\_\_\_\_ Unit Number: \_\_\_\_\_

9. Proposed Total Measured Depth: 4200

WELL LOCATION INFORMATION

10. QtrQtr: SWNW Sec: 33 Twp: 1S Rng: 44W Meridian: 6

Latitude: 39.929390 Longitude: -102.314450

Footage at Surface: 1600 feet <sup>FNL/FSL</sup> FNL 650 feet <sup>FEL/FWL</sup> FWL

11. Field Name: Vernon Field Number: 86500

12. Ground Elevation: 3868 13. County: YUMA

14. GPS Data:

Date of Measurement: 01/27/2011 PDOP Reading: 1.3 Instrument Operator's Name: Michael Dilka

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

Footage at Top of Prod Zone: <sup>FNL/FSL</sup> \_\_\_\_\_ <sup>FEL/FWL</sup> \_\_\_\_\_ Bottom Hole: <sup>FNL/FSL</sup> \_\_\_\_\_ <sup>FEL/FWL</sup> \_\_\_\_\_

Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_ Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_

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: 1574 ft

18. Distance to nearest property line: 650 ft 19. Distance to nearest well permitted/completed in the same formation: 5 mi

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.)
Cedar Hill	CDHL			

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):  
T1S R44W: SWNW of Section 33

25. Distance to Nearest Mineral Lease Line: 650 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 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: \_\_\_\_\_

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	9+5/8	36	0	350	200	350	0
1ST	8+3/4	7	23	0	4,200	800	4,200	0

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

33. Comments Proposed well will be an injection well. Produced Water Disposal Agreement is attached in lieu of SUA and 30 day letter. Injection wells within 5 mile radius are not going to the same formation as proposed for this well. Rule 318B is not applicable since this well is for injection not production. Cause 315-5 thru 12 were also reviewed but were not applicable due to formation and well type.

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: Cheryl Johnson

Title: Regulatory Analyst II Date: \_\_\_\_\_ Email: cheryljohnson@nobleenergyinc

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: \_\_\_\_\_

<b>API NUMBER</b>	Permit Number: _____	Expiration Date: _____
05	<b>CONDITIONS OF APPROVAL, IF ANY:</b>	

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
400161723	PLAT
400161725	OTHER

Total Attach: 2 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)