

<b>FORM</b> <b>2</b> Rev 12/05	State of Colorado <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
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<b>APPLICATION FOR PERMIT TO:</b>			Document Number:  2584324  Plugging Bond Surety  20030009				
1. <input type="checkbox"/> Drill, <input type="checkbox"/> Deepen, <input type="checkbox"/> Re-enter, <input checked="" type="checkbox"/> <b>Recomplete and Operate</b>							
2. TYPE OF WELL OIL <input type="checkbox"/> GAS <input checked="" type="checkbox"/> COALBED <input type="checkbox"/> OTHER _____ SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input checked="" type="checkbox"/> COMMINGLE ZONE <input type="checkbox"/>							
		Refiling <input type="checkbox"/> Sidetrack <input type="checkbox"/>					
3. Name of Operator: <u>NOBLE ENERGY INC</u>							
		4. COGCC Operator Number: <u>100322</u>					
5. Address: <u>1625 BROADWAY STE 2200</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>							
6. Contact Name: <u>ANDREA RAWSON</u> Phone: <u>(303)228-4253</u> Fax: <u>(303)228-4286</u> Email: <u>ARAWSON@NOBLEENERGYINC.COM</u>							
7. Well Name: <u>GUTTERSEN USX DD</u>		Well Number: <u>17-19</u>					
8. Unit Name (if appl): _____		Unit Number: _____					
9. Proposed Total Measured Depth: <u>7687</u>							
<b>WELL LOCATION INFORMATION</b>							
10. QtrQtr: <u>NWNW</u> Sec: <u>17</u> Twp: <u>3N</u> Rng: <u>63W</u> Meridian: <u>6</u> Latitude: <u>40.229470</u> Longitude: <u>-104.466350</u>							
Footage at Surface: <u>1320</u> feet		FNL/FSL <u>FSL</u> <u>1320</u> feet FEL/FWL <u>FWL</u>					
11. Field Name: <u>WATTENBERG</u>		Field Number: <u>90750</u>					
12. Ground Elevation: <u>4836</u>		13. County: <u>WELD</u>					
14. GPS Data: Date of Measurement: <u>05/21/2010</u> PDOP Reading: <u>3.4</u> Instrument Operator's Name: <u>PAUL TAPPY</u>							
15. If well is <input type="checkbox"/> Directional <input type="checkbox"/> Horizontal (highly deviated) <b>submit deviated drilling plan.</b> Footage at Top of Prod Zone: FNL/FSL _____ FEL/FWL _____ Bottom Hole: FNL/FSL _____ FEL/FWL _____ _____ Sec: _____ Twp: _____ Rng: _____ Sec: _____ Twp: _____ Rng: _____							
16. Is location in a high density area? (Rule 603b)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
17. Distance to the nearest building, public road, above ground utility or railroad: <u>200 ft</u>							
18. Distance to nearest property line: <u>1320 ft</u> 19. Distance to nearest well permitted/completed in the same formation: <u>1849 ft</u>							
<b>LEASE, SPACING AND POOLING INFORMATION</b>							
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	320	N/2			
NIOBRARA	NBRR	407-87	320	N/2			

**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

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 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):  
T3N, R63W, SEC 17 ALL  
25. Distance to Nearest Mineral Lease Line: 1320 ft 26. Total Acres in Lease: 640

**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	8+5/8	24		667	322	667	0
1ST	7+7/8	4+1/2	11.6		7,678	260	7,678	5,985

32. BOP Equipment Type:  Annular Preventer  Double Ram  Rotating Head  None  
33. Comments A FORM 2A IS NOT REQUIRED FOR THIS RECOMPLETION BECAUSE NO PIT WILL BE CONSTRUCTED AND THERE WILL BE NO ADDITIONAL SURFACE DISTURBANCE BEYOND THE ORIGINALLY DISTURBED AREA.

34. Location ID: 306648  
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: ANDREA RAWSON  
Title: REGULATORY Date: 9/22/2010 Email: ARAWSON@NOBLEENERGYI

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: David S. Neslin Director of COGCC Date: 10/30/2010

**API NUMBER**  
05 123 25057 00  
Permit Number: \_\_\_\_\_ Expiration Date: 10/29/2012  
**CONDITIONS OF APPROVAL, IF ANY:**  
\_\_\_\_\_

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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.

COGCC ENG COA Prior to recompletion, operator must: 1) Provide 24 hour notice of MIRU to Bo Brown at 970-330-6085 or email at bo.brown@state.co.us 2) Upon well recompletion operator shall file a COGCC Form 5A, Completion Interval Report.

### **Attachment Check List**

Att Doc Num	Name
2584324	APD APPROVED
400105015	APD ORIGINAL

Total Attach: 2 Files

### **General Comments**

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

Total: 0 comment(s)

### **BMP**

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

Total: 0 comment(s)