


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		<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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APPLICATION FOR PERMIT TO:			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"/> Recomplete and Operate											
2. TYPE OF WELL <table style="width: 100%;"> <tr> <td>OIL <input type="checkbox"/></td> <td>GAS <input checked="" type="checkbox"/></td> <td>COALBED <input type="checkbox"/></td> <td>OTHER _____</td> </tr> <tr> <td>SINGLE ZONE <input type="checkbox"/></td> <td>MULTIPLE ZONE <input checked="" type="checkbox"/></td> <td colspan="2">COMMINGLE ZONE <input type="checkbox"/></td> </tr> </table> <div style="float: right; margin-top: -40px;"> Refiling <input type="checkbox"/> Sidetrack <input type="checkbox"/> </div>				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"/>	
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"/>									
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>											
WELL LOCATION INFORMATION											
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>											
<table style="width: 100%;"> <tr> <td style="text-align: center;">Footage at Surface: <u>1320</u> feet</td> <td style="text-align: center;">FNL/FSL <u>FSL</u></td> <td style="text-align: center;">FEL/FWL <u>1320</u> feet</td> <td style="text-align: center;">FEL/FWL <u>FWL</u></td> </tr> </table>				Footage at Surface: <u>1320</u> feet	FNL/FSL <u>FSL</u>	FEL/FWL <u>1320</u> feet	FEL/FWL <u>FWL</u>				
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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) submit deviated drilling plan. 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>											
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	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

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.

If 28, 29, or 30 are "Yes" a pit permit may be required.

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:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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

<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)