

FORM
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Rev
03/12



OGCC RECEPTION
Receive Date:
01/27/2014
Document Number:
400545427

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>100322</u>	Contact Person: <u>Mari Clark</u>
Company Name: <u>NOBLE ENERGY INC</u>	Phone: <u>(303) 228-4413</u>
Address: <u>1625 BROADWAY STE 2200</u>	Fax: <u>(303) 228-4286</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>mclark@nobleenergyinc.com</u>
API #: <u>05 - 123 - 15123 - 00</u>	Facility ID: _____ Location ID: _____
Facility Name: <u>MARIE D4-9</u>	
Sec: <u>4</u> Twp: <u>3N</u> Range: <u>64W</u> QtrQtr: <u>NESE</u>	Lat: <u>40.252650</u> Long: <u>-104.549160</u>

OFFSET MITIGATION COMPLETED

This well was mitigated per the Offset Horizontal Policy. Permitted horizontal well requiring mitigation - API # 123-38312
Appropriate documentation for mitigation has been/will be submitted.

This form must be signed by an authorized agent of the entity making assertion.

I certify under penalty of perjury that this report has been examined by me and to the best of my knowledge is true, correct and complete.

Print Name: Mari Clark Email: mclark@nobleenergyinc.com

Signature: _____ Title: Regulatory Analyst III Date: 01/27/2014