

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:

400027393

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: KATE SHIRLEY Phone: (303)228-4449 Fax: (303)228-4286

Email: kshirley@nobleenergyinc.com

7. Well Name: ARD C Well Number: 06-21D

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

9. Proposed Total Measured Depth: 7788

WELL LOCATION INFORMATION

10. QtrQtr: SENW Sec: 6 Twp: 4N Rng: 64W Meridian: 6

Latitude: 40.342840 Longitude: -104.594990

Footage at Surface: 2040 FNL/FSL FNL 1965 FEL/FWL FWL

11. Field Name: WATTENBERG Field Number: 90750

12. Ground Elevation: 4814 13. County: WELD

14. GPS Data:

Date of Measurement: 07/08/2009 PDOP Reading: 1.4 Instrument Operator's Name: STEVEN A. LUND

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

Footage at Top of Prod Zone: FNL/FSL 2547 FNL 2526 FEL FEL Bottom Hole: FNL/FSL 2547 FNL 2526 FEL FEL
Sec: 6 Twp: 4N Rng: 64W Sec: 6 Twp: 4N Rng: 64W

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: 1500 ft

18. Distance to nearest property line: 403 ft 19. Distance to nearest well permitted/completed in the same formation: 47 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	160	
NIOBRARA	NBRR	407	160	

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 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, R64W, SEC. 6: LOT 2 (NE/4NW/4), N/2N/2LOT3 (a/d/a N/2N/2NW/4), SE/4NW/4

25. Distance to Nearest Mineral Lease Line: 77 ft 26. Total Acres in Lease: 95

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 27 or 28 are yes, is this location in a sensitive area (Rule 903)? ☐ Yes ☐ No If 28, 29, or 30 are "Yes" a pit permit may be required.

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.

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
SURF	12+1/4	8+5/8	24	550	250	550	0
1ST	7+7/8	4+1/2	11.6	7,788	723	7,788	

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

33. Comments NO CONDUCTOR CASING WILL BE USED. THE CEMENT TOP FOR THE FIRST STRING WILL BE 200' ABOVE NIOBRARA. AS BUILT FOR EXISTING WELL HAS BEEN SUBMITTED (COBB 6-1). THIS WELL IS PART OF THE 2 WELL PAD BEING DRILLED WITH THE ARD C 06-20. UNIT CONFIGURATION IS SECTION 6: SWNE, SENW, NESW, NWSE.

34. Location ID: 322822

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: KATE SHIRLEY

Title: REGULATORY SPECIALIST Date: 1/19/2010 Email: kshirley@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: David G. Neslin Director of COGCC Date: 2/26/2010

API NUMBER

05 123 31200 00

Permit Number: _____ Expiration Date: 2/25/2012

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.

1) Provide 24 hour notice of MIRU to Ed Binkley at 970-506-9834 or e-mail at ed.binkley@state.co.us. 2) Comply with Rule 317.i and provide cement coverage from TD to a minimum of 200' above Niobrara and from 200' below to 200' above Sussex. Verify coverage with cement bond log. 4) Comply with Rule 321. Run and submit Directional Survey from TD to base of surface casing. Ensure that the wellbore complies with setback requirements in commission orders or rules prior to producing the well.

COGCC ENG COA - SME 1) Note surface casing setting depth change from 500' to 550'. Increase cement coverage accordingly. 2) Provide 24 hour notice of MIRU to Bo Brown at 970-330-6085 or email at bo.brown@state.co.us. 3) Comply with Rule 317.i and provide cement coverage from TD to a minimum of 200' above Niobrara and from 200' below to 200' above Sussex. Verify coverage with cement bond log. 4) Comply with Rule 321. Run and submit Directional Survey from TD to base of surface casing. Ensure that the wellbore complies with setback requirements in commission orders or rules prior to producing the well. Restore surface location.

Attachment Check List

Att Doc Num	Name	Doc Description
1725541	SURFACE CASING CHECK	LF@2420307 1725541
2095216	SURFACE AGRMT/SURETY	LF@2220657 2095216
400030029	PROPOSED SPACING UNIT	LF@2220680 400030029
400030030	DEVIATED DRILLING PLAN	LF@2220686 400030030
400030031	30 DAY NOTICE LETTER	LF@2220687 400030031
400030032	WELL LOCATION PLAT	LF@2220688 400030032
400030033	FORM 2 SUBMITTED	LF@2220689 400030033

Total Attach: 7 Files