



DE	ET	OE	ES
----	----	----	----

Document Number:
 400229801
 PluggingBond SuretyID
 20030009

APPLICATION FOR PERMIT TO:

1. Drill, Deepen, Re-enter, **Recomplete and Operate**

2. TYPE OF WELL
 OIL GAS COALBED OTHER _____
 SINGLE ZONE MULTIPLE COMMINGLE

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: Andrea Rawson Phone: (303)228-4253 Fax: (303)228-4286
 Email: arawson@nobleenergyinc.com
 7. Well Name: Ray Well Number: 07-20
 8. Unit Name (if appl): _____ Unit Number: _____
 9. Proposed Total Measured Depth: 7671

WELL LOCATION INFORMATION

10. QtrQtr: SWNE Sec: 20 Twp: 11N Rng: 61W Meridian: 6
 Latitude: 40.908810 Longitude: -104.227530
 Footage at Surface: 3250 feet FNL/FSL 1980 feet FEL/FWL FEL
 11. Field Name: Grover Field Number: 33380
 12. Ground Elevation: 5168 13. County: WELD

14. GPS Data:
 Date of Measurement: 07/14/2007 PDOP Reading: 2.3 Instrument Operator's Name: Dennis Schneider

15. If well is Directional 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)? Yes No
 17. Distance to the nearest building, public road, above ground utility or railroad: 1980 ft
 18. Distance to nearest property line: 645 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 4 mi

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	40	SWNE
Niobrara	NBRR	407-87	40	SWNE

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):

11N, 61W Sec 20 All and other lands.

25. Distance to Nearest Mineral Lease Line: 645 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	8+5/8	24	0	409	290	409	0
1ST	7+7/8	4+1/2	11.6	0	7,671	225	7,671	6,590

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. No conductor casing will be set. A form 4 has been sent.

34. Location ID: 332436

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 Specialist Date: _____ Email: arawson@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: _____ Director of COGCC Date: _____

API NUMBER

05 123 22297 00

Permit Number: _____ Expiration Date: _____

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.

Attachment Check List

Att Doc Num	Name
400233769	SURFACE AGRMT/SURETY

Total Attach: 1 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)