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COGCC

SUNDRY NOTICE

Submit original plus one copy. This form is to be used for general, technical and environmental sundry information. For proposed or completed operations, describe in full on Technical Information Page (Page 2 of this form) identify well or other facility by API Number or by OGCC Facility ID. Operator shall send an informational copy of all sundry notices for wells located in High Density Areas to the Local Government Designee (Rule 603b)

1 OGCC Operator Number	100322	4 Contact Name	Raelene K. Milne	Complete the Attachment Checklist OP OGCC
2 Name of Operator	Noble Energy, Inc	Phone	(303) 228-4212	
3 Address	1625 Broadway, Suite 2200 City Denver State CO Zip 80202	Fax	(303) 228-4286	
5 API Number	05-123-09937-00	OGCC Facility ID Number		Survey Plat
6 Well/Facility Name	Nick Sekich Unit B	7 Well/Facility Number	2	Directional Survey
8 Location (Qtr/Sec, Twp, Rng, Meridian)	NWSE, Sec 19, T3N, R67W			Surface Eqmpt Diagram
9 County	Weld	10 Field Name	Wattenberg	Technical Info Page
11 Federal, Indian or State Lease Number				Other

General Notice

CHANGE OF LOCATION Attach New Survey Plat (a change of surface qtr/qtr is substantive and requires a new permit)

Change of Surface Footage from Exterior Section Lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Surface Footage to Exterior Section Lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage from Exterior Section Lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage to Exterior Section Lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bottomhole location Qtr/Sec, Twp, Rng, Mer _____
 Latitude _____ Distance to nearest property line _____ Distance to nearest bldg, public rd, utility or RR _____
 Longitude _____ Distance to nearest lease line _____ Is location in a High Density Area (rule 603b)? Yes/No
 Ground Elevation _____ Distance to nearest well same formation _____ Surface owner consultation date _____

CHANGE SPACING UNIT
 Formation _____ Formation Code _____ Spacing order number _____ Unit Acreage _____ Unit configuration _____
 Remove from surface bond
 Signed surface use agreement attached

CHANGE OF OPERATOR (prior to drilling)
 Effective Date _____
 Plugging Bond Blanket Individual

CHANGE WELL NAME NUMBER
 From _____
 To _____
 Effective Date _____

ABANDONED LOCATION
 Was location ever built? Yes No
 Is site ready for inspection? Yes No
 Date Ready for Inspection _____

NOTICE OF CONTINUED SHUT IN STATUS
 Date well shut in or temporarily abandoned _____
 Has Production Equipment been removed from site? Yes No
 MIT required if shut in longer than two years Date of last MIT _____

SPUD DATE: _____
 REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set)

SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK *submit cbl and cement job summaries
 Method used _____ Cementing tool setting/perf depth _____ Cement volume _____ Cement top _____ Cement bottom _____ Date _____

RECLAMATION. Attach technical page describing final reclamation procedures per Rule 1004
 Final reclamation will commence on approximately _____ Final reclamation is completed and site is ready for inspection

Technical Engineering/Environmental Notice

Notice of Intent Approximate Start Date _____
 Report of Work Done Date Work Completed 11/15/2007

Details of work must be described in full on Technical Information Page (Page 2 must be submitted)

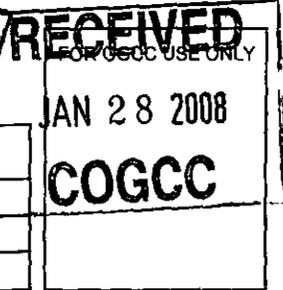
<input type="checkbox"/> Intent to Recomplete (submit form 2)	<input type="checkbox"/> Request to Vent or Flare	<input type="checkbox"/> E&P Waste Disposal
<input type="checkbox"/> Change Drilling Plans	<input checked="" type="checkbox"/> Repair Well	<input type="checkbox"/> Beneficial Reuse of E&P Waste
<input type="checkbox"/> Gross Interval Changed?	<input type="checkbox"/> Rule 502 variance requested	<input type="checkbox"/> Status Update/Change of Remediation Plans
<input type="checkbox"/> Casing/Cementing Program Change	<input type="checkbox"/> Other _____	for Spills and Releases

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete

Signed Raelene K. Milne Date 1/28/08 Email _____
 Print Name Raelene K. Milne Title Permit Representative

COGCC Approved Diana B... Title EIT II Date 5/29/08
 CONDITIONS OF APPROVAL, IF ANY

TECHNICAL INFORMATION PAGE



1	OGCC Operator Number	100322	API Number	05-123-09937-00
2	Name of Operator	Noble Energy, Inc	OGCC Facility ID #	
3	Well/Facility Name	Nick Sekich Unit B	Well/Facility Number	2
4	Location (QtrQtr, Sec, Twp, Rng, Meridian): NWSE, Sec 19, T3N, R67W			

This form is to be completed whenever a Sundry Notice is submitted requiring detailed report of work to be performed or completed. This form shall be transmitted within 30 days of work completed as a "subsequent" report and must accompany Form 4 page 1.

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DESCRIBE PROPOSED OR COMPLETED OPERATIONS

Noble Energy Inc performed a casing leak repair on the subject well. Well was pressure tested and failed. A casing leak was located at 5203'. Casing was pulled out of the hole and repaired with a casing patch. Casing repair was performed as follows:

- 1) Pump 60 sx of 15 8# cement from 5152'-5268'
- 2) Pump second stage with 220 sx of 10 5# cement from 1090'-3000' and circulate to surface
- 3) Pump 480 sx CL G cement from 56'-930' and circulate to surface
- 4) Run CCL/VDL/CBL/GR logs
- 5) Drill out cement plugs and tag fill @ 7676'
- 6) Run 2-3/8", 4 7# tubing and land @ 7617'
- 7) Flow test well and put to production sales