

FORM  
42

Rev  
03/12

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

04/17/2014

Document Number:

400591556

**NOTICE OF NOTIFICATION**

**Entity Information**

|  |  |
|--|--|
| OGCC Operator Number: <u>100322</u>                    | Contact Person: <u>Julie Webb</u>      |
| Company Name: <u>NOBLE ENERGY INC</u>                  | Phone: <u>(720) 587-2316</u>           |
| Address: <u>1625 BROADWAY STE 2200</u>                 | Fax: <u>( )</u>                        |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> | Email: <u>jwebb@nobleenergyinc.com</u> |

  

|                                     |                          |                                       |
|-------------------------------------|--------------------------|---------------------------------------|
| API #: <u>05 - 123 - 26399 - 00</u> | Facility ID: _____       | Location ID: _____                    |
| Facility Name: <u>WERNING 1-2B</u>  |                          |                                       |
| Sec: <u>3</u>                       | Twp: <u>4N</u>           | Range: <u>66W</u> QtrQtr: <u>SENE</u> |
| Lat: <u>40.343760</u>               | Long: <u>-104.755580</u> |                                       |

**OTHER – AS SPECIFIED BY PERMIT CONDITION add (2/2A)**

Describe Permit Condition: FLOOD START UP RETURN TO PRODUCTION

Date: 11/13/2013 Time: 07:00 (HH:MM)

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: <u>Julie Webb</u> | Email: <u>jwebb@nobleenergyinc.com</u>                  |
| Signature: _____              | Title: <u>Regulaoty Analyst</u> Date: <u>04/17/2014</u> |