

FORM
2

Rev
12/05

State of Colorado Oil and Gas Conservation Commission

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



Document Number:

400288081

Date Received:

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

PluggingBond SuretyID

20030009

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: Glacier Well Number: 31-03D

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

9. Proposed Total Measured Depth: 8547

WELL LOCATION INFORMATION

10. QtrQtr: SENE Sec: 3 Twp: 1N Rng: 68W Meridian: 6

Latitude: 40.082830 Longitude: -104.983500

Footage at Surface: 1740 feet FNL/FSL 1024 feet FEL/FWL
FNL FEL

11. Field Name: Wattenberg Field Number: 90750

12. Ground Elevation: 5019 13. County: WELD

14. GPS Data:

Date of Measurement: 07/07/2007 PDOP Reading: 2.3 Instrument Operator's Name: Paul Tappy

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

Footage at Top of Prod Zone: FNL/FSL 738 FNL 1839 FEL 738 FNL 1840 FEL
Bottom Hole: FNL/FSL 738 FNL 1840 FEL
Sec: 3 Twp: 1N Rng: 68W Sec: 3 Twp: 1N Rng: 68W

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: 270 ft

18. Distance to nearest property line: 485 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 814 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	407-87	80	E2NE
Niobrara	NBRR	407-87	80	E2NE

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#: 20030012

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):

NE/4, Sec 3, T1N, R68W

25. Distance to Nearest Mineral Lease Line: 485 ft 26. Total Acres in Lease: 160

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	856	630	856	0
1ST	7+7/8	4+1/2	11.6	0	8,504	220	8,502	6,920
			Stage Tool		5,480	230	5,480	4,370

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

33. Comments A form 2A is not required on 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 already been sent in.

34. Location ID: 333020

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 22920 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

Total Attach: 0 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)