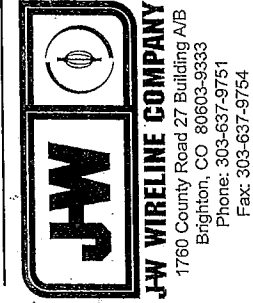


Date: 8-15-07
Service Number: 07-32- 00216
Page: 1 of 1
Time Arrive on Location: 9:00 AM
Time Depart Location: 1:00 PM
Miles from Nearest Field Office:



Truck No: 2037
Engineer: Jackson
Operator: Henderson
Operator: Harris
Well to JW Wireline (Time):
Total Operating Time: Total Standby Time: Total Lost Time:

Company: Noble Energy
Customer No.:
Purchase Order No.:
Address: AFE / Contract No.:

City, State Zip Code: Waterberg
Lease/Well Name: North Blr DD 3035
County/Parish: Weld
State: CO
Section / Township / Range or Latitude / Longitude: X: Y:
Log Measured From: Feet Above Permanent Data

Line Item #	DESCRIPTION	Quantity / Depth / Interval	Unit Price	Operation Charge	Line Total
1	Service Chg				200
2					
3	278 CIBR For 8.7H	6705			1900
4					
5	Dump Builer	25x5kmt			300
6					
7	Casing Cut 278	992			800
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

Surface Pressure		# Wireline Runs		Field Total:	
Run No.	Interval Perforated / Plug Set	Type	SPF	Interval Perforated / Plug Set	Type
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

The undersigned ("Company") agrees to pay JW Wireline Company ("Contractor") for the operations to be conducted, or personnel or equipment listed below ("Services") at P.O. Box 226406, Dallas, Texas 75222-6406 provided by Contractor at the sole request of the Company. The undersigned certifies that the Services have been performed to the Company's satisfaction that all zones perforated were designated by the Company and that all depth measurements have been checked and approved. The Services shall only be offered, rendered or provided according to the following general terms and conditions ("Terms"). Please refer to the General Terms and Conditions on the back side of this Purchase Order. THIS CONTRACT CONTAINS PROVISIONS RELATING TO INDEMNITY, RELEASE OF LIABILITY, LIMITATIONS OF WARRANTY AND ALLOCATION OF RISK - SEE PARAGRAPHS 3, 4, 5, 6, and 10 ON THE REVERSE SIDE.

Print Name: Bill Mansfield
Signature: [Signature]
Date: 8-15-07
Wellsite Representative: [Signature]
Yellow - Invoice Copy
Pink - Customer Copy
Gold - Customer Field Copy