

PLEASE REMIT TO:
NABORS COMPLETION & PRODUCTION SERVICES CO.
P.O. BOX 975682
DALLAS, TX 75397-5682
435-725-5344

INVOICE NO.	P.O. NO.	AFE NO.
CUSTOMER NO.	LEASE <i>Patriot B</i>	WELL NO. <i>16-09</i>
CUSTOMER <i>NOBLE ENERGY</i>	FIELD STATE <i>Co</i>	COUNTY <i>Wald</i>
ADDRESS	LOCATION	
CITY	CASING SIZE & WT. <i>2 3/8 6.5"</i>	TBG. SIZE
STATE ZIP	TYPE OF JOB <i>ABANDONMENT</i>	
ORDERED BY <i>Dennis Marshall</i>	TITLE	SERVICE SUPV.

[illegible]

WITH MY INITIALS, I CONFIRM THAT THE TIME SHOWN IN THE
"HOURS" COLUMN, ACCURATELY REFLECTS MY COMPENSABLE TIME.

I was not injured, involved in or witness to an accident during the performance of this work. If an injury or accident occurred a signature is not to be provided. The injury or accident is to be reported to the supervisor so that a report can be prepared.

I hereby attest that my employer Nabors Completion & Production Services Co., did permit me to eat while working.

Employee Name (Print)	Hours	Initials	Employee ID No.	provided. The injury or accident is to be reported to the supervisor so that a report can be prepared.	did permit me to eat while working.
Eric Smith	5 1/2	ES			

*ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED

CUSTOMER AGREES to pay Nabors Completion & Production Services Co. (the "Company") on a net 30 day basis from date of invoice. If Customer disputes any item invoiced, Customer shall, within 20 days after receipt of invoice, notify the Company of the item(s) disputed, specifying the reason(s) therefor; payment of the disputed item(s) may be withheld until settlement of dispute, but payment of undisputed portion of invoice shall be made without delay. All payments shall be made at the address shown on the reverse side of this document. In the absence of a separate written contract, CUSTOMER REPRESENTATIVE REPRESENTS AND WARRANTS THAT HE/SHE IS AUTHORIZED TO ENTER INTO THIS AGREEMENT ON BEHALF OF CUSTOMER AND ACCEPTS ALL TERMS AND CONDITIONS AS PRINTED ON THE REVERSE SIDE OF THIS DOCUMENT (WHICH INCLUDES INDEMNITY LANGUAGE THAT ALLOCATES RISKS RELATED TO THE ABOVE DESCRIBED SERVICES). Pricing and extensions, if shown above, are subject to verification and correction at time of invoicing.

X Chuck Bunn
NABORS COMPLETION & PRODUCTION SERVICES CO.

X Dennis Marshall
CUSTOMER REPRESENTATIVE

NABORS

PLEASE REMIT TO:
NABORS COMPLETION & PRODUCTION SERVICES CO.
P.O. BOX 975682
DALLAS, TX 75397-5682
435-725-5344

FIELD TICKET No. 45 - 21913

DELIVERED FROM Stirling

DATE 12-12-13

INVOICE NO.	P.O. NO.	AFE NO.
CUSTOMER NO.	LEASE <i>Patriot</i>	WELL NO. <i>B 16 - 2</i>
CUSTOMER <i>NOBLE ENERGY</i>	FIELD	STATE <i>CO</i> COUNTY <i>Weld</i>
ADDRESS	LOCATION	
CITY	CASING SIZE & WT. <i>2 7/8 6.5</i>	TBG. SIZE
STATE	ZIP	TYPE OF JOB <i>Pipe Recovery</i>
ORDERED BY <i>Dennis Marshall</i>	TITLE	SERVICE SUPV. <i>CR</i>

PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	DISC.	AMOUNT
45-70-250-1111	2 7/8 Jet Cutter			142550		341875
45-70-255-0100	PACK-OFF			142550		341875
45-70-200-9998	Fuel Surcharge					341875
				Patriot 8/6-09		
				142550		
	Cut 2 7/8 Casing at 5006			0052		
				002.3		

CALLER OUT <u>8:00</u> Time <u>12-12</u> Date	ON LOCATION <u>7:30</u> Time <u>12-12</u> Date	COMPLETED <u>11:30</u> Time <u>12-12</u> Date	TOTAL SERVICE & MATERIALS TAX % <u> </u> ST. <u> </u> TAXABLE AMT. <u> </u> TOTAL CHARGES
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WITH MY INITIALS, I CONFIRM THAT THE TIME SHOWN IN THE
"HOURS" COLUMN, ACCURATELY REFLECTS MY COMPENSABLE TIME.

I was not injured, involved in or witness to an accident during the performance of this work. If an injury or accident occurred a signature is not to be provided. The injury or accident is to be reported to the supervisor so that a report can be prepared.

I hereby attest that my employer Nabors Completion & Production Services Co., did permit me to eat while working.

Employee Name (Print)	Hours	Initials	Employee ID No.	Signature of Employee	Signature of Supervisor
Eric Smith	4				

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NABORS COMPLETION & PRODUCTION SERVICES CO.

CUSTOMER REPRESENTATIVE

1738 Wynkoop St., Ste. 102
Denver, Colorado 80202
Phone: 303-296-3010
Fax: 303-298-8143
E-mail: bisonoil1@qwestoffice.net



No. 2535

WELL NO. AND FARM Patriot B 16-09		COUNTY Weld	STATE CO	DATE 12-14-13	
CHARGE TO mobile		WELL LOCATION SEC. 16 TWP. 5N RANGE 64W		CONTRACTOR Dennis	
			DELIVERED TO 55-56	LOCATION 1 shop	CODE
			SHIPPED VIA 3/06	LOCATION 2 55-56	CODE
			TYPE AND PURPOSE OF JOB R/A Part 1	LOCATION 3 shop	CODE
				WELL TYPE Gas	CODE

PRICE REFERENCE	DESCRIPTION	UNITS			UNIT PRICE	AMOUNT
		QTY.	MEAS.			
Pump charge Day 1		1	Eg			
BFW #370 Bore-1 ZS/B FLA-1		100	S/S			
Data Acc-		1	Eg			
Millage / So Permit mile bonile min Round Trip		1	Eg			
millage 400 Per mile bonile min Round Trip		1	Eg			
Iron Inspection		1	Eg			
Depth Charge		1	PerL			
Pump charge Day 2		1	PerL			
Gnaut Cement		378	S/K S			
millage 1 ^{per} / per mile bonile min Round Trip		2	PerL			
millage 1 ^{se} / per mile bonile min Round Trip		1	PerL			
Sugar		50	LSS			
Jab Time P/A		1	Kr			
Iron Inspection PAT PILOT IS 16-9		1	PerL			
	11/2 SS/D					
	033/0017					
Total Weight	Loaded Miles		Ton Miles			

If this account is not paid within 30 days of invoice date a FINANCE CHARGE will be made. Computed at a single monthly rate of 1 1/2% which is equal to an ANNUAL PERCENTAGE RATE OF 18%.

TAX REFERENCES

SUB TOTAL

TAX

"TAXES WILL BE ADDED AT CORPORATE OFFICE"

TOTAL

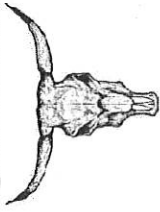
SUBJECT TO CORRECTION

Customer or His Agent

Elson Oil Well Cementing, Inc. Representative

Customers hereby acknowledges and specifically agrees to the terms and conditions on this work order, including, without limitation, the provisions on the reverse side hereof which include the release and indemnity

BISON OIL WELL CEMENTING, INC.



1547 Gaylord Street
Denver, Colorado 80206
Phone: 303-296-3010
Fax: 303-298-8143
E-mail: bisonoil1@qwestoffice.net

INVOICE #
LOCATION
FOREMAN

12535
65-56
monte

Treatment Report Page 2

DESCRIPTION OF JOB EVENTS

	Safety Meeting	2:40 PM	Displace 1			Displace 2			Displace 3			Displace 4			Displace 5		
			BBS	Time	PSI	BBS	Time	PSI	BBS	Time	PSI	BBS	Time	PSI	BBS	Time	PSI
MIRU		200	0	330	2240	0	11:37	500	0	1:50	200	0			0		
CIRCULATE			4-10	333	2240	10			10			10			10		
Drop Plug			20			20			20			20			20		
			30			30			30			30			30		
			40			40			40			40			40		
			50			50			50			50			50		
M & P			60			60			60			60			60		
Time		Sacks	70			70			70			70			70		
245-330		100	80			80			80			80			80		
11:24		50	90			90			90			90			90		
12:47		328	100			100			100			100			100		
			110			110			110			110			110		
			120			120			120			120			120		
			130			130			130			130			130		
			140			140			140			140			140		
			150			150			150			150			150		

Notes:

break circulation with 5 bbls H₂O mix + Pump 100 SKs cement 15.2/16 5.89 H₂O
127 yield displace 4.3 bbls H₂O

12-16-13

Safety meeting 11:08am, MTR 16:30am, circ 11:24am 3 BBS H₂O

[Signature]

X Comp Foreman

12-16-13
X 12-14-13

Work Performed

Title

Date

BISON OIL WELL CEMENTING, INC.

1547 Gaylord Street
Denver, Colorado 80206
Phone: 303-296-3010
Fax: 303-298-8143
E-mail: bisonoil1@qwestoffice.net



INVOICE #
LOCATION
FOREMAN

12535
55-56
monte

TREATMENT REPORT

DATE 12-16-13	WELL NAME	SECTION	TWP	RGE	COUNTY
12-14-13	Patriot B16-09	16	5N	64W	Weld
BILL TO	CONSULTANT				
Noble	Dennis / Kevin				
OWNER	RIG NAME & NUMBER				
	Lead 717				
MAILING ADDRESS	DISTANCE TO LOCATION		UNITS ON LOCATION		
	17.2		3106 5019-1005		
CITY	TIME REQUESTED		TIME ARRIVED ON LOCATION		
	10:00 am		200 / 1000 am		
STATE, ZIP	TIME LEFT LOCATION				
	300 pm				
WELL DATA			Cement Makeup		
HOLE SIZE	TUBING SIZE	PERFORATIONS	Cement Blend		
	1 1/4		BFN II 390 BCC-1.25/6BFLA-1		
TOTAL DEPTH	TUBING DEPTH	SHOTS/FT	Cement - Specs	lbs	Yield
	5000			15.2	1.27
CASING SIZE	TUBING WEIGHT	OPEN HOLE	Annulus Factor	Capacity Factor	
	3.09		.00699		
CASING DEPTH	TUBING CONDITION	TREATMENT VIA	TYPE OF TREATMENT		
	Good		<input type="checkbox"/> Surface Pipe <input type="checkbox"/> Production <input type="checkbox"/> Squeeze <input type="checkbox"/> MISC Pump <input checked="" type="checkbox"/> P&A		
CASING WEIGHT	PACKER DEPTH		HYD HHP = RATE X PRESSURE / 40.8		
CASING CONDITION			% Excess		
			BBL to Pit		
Max Rate					
Max Pressure					

DESCRIPTION OF JOB EVENTS

evacuate 2 bbls mix 4 Pump 100 sks disp lace 4.3 bbls 1/20
Day 2 safety meeting, Rig up, PSI test, Per roman, Break circ, mix 8 Pump 50
sks break cement at 2500 Ft Disp 4.5 Bbls H2O, Rig to Pull pipe to 440 Ft, Break
circ mix 8 Pump break cement at 1.5 yield at 15.8 lbs do surface, Top off as needed

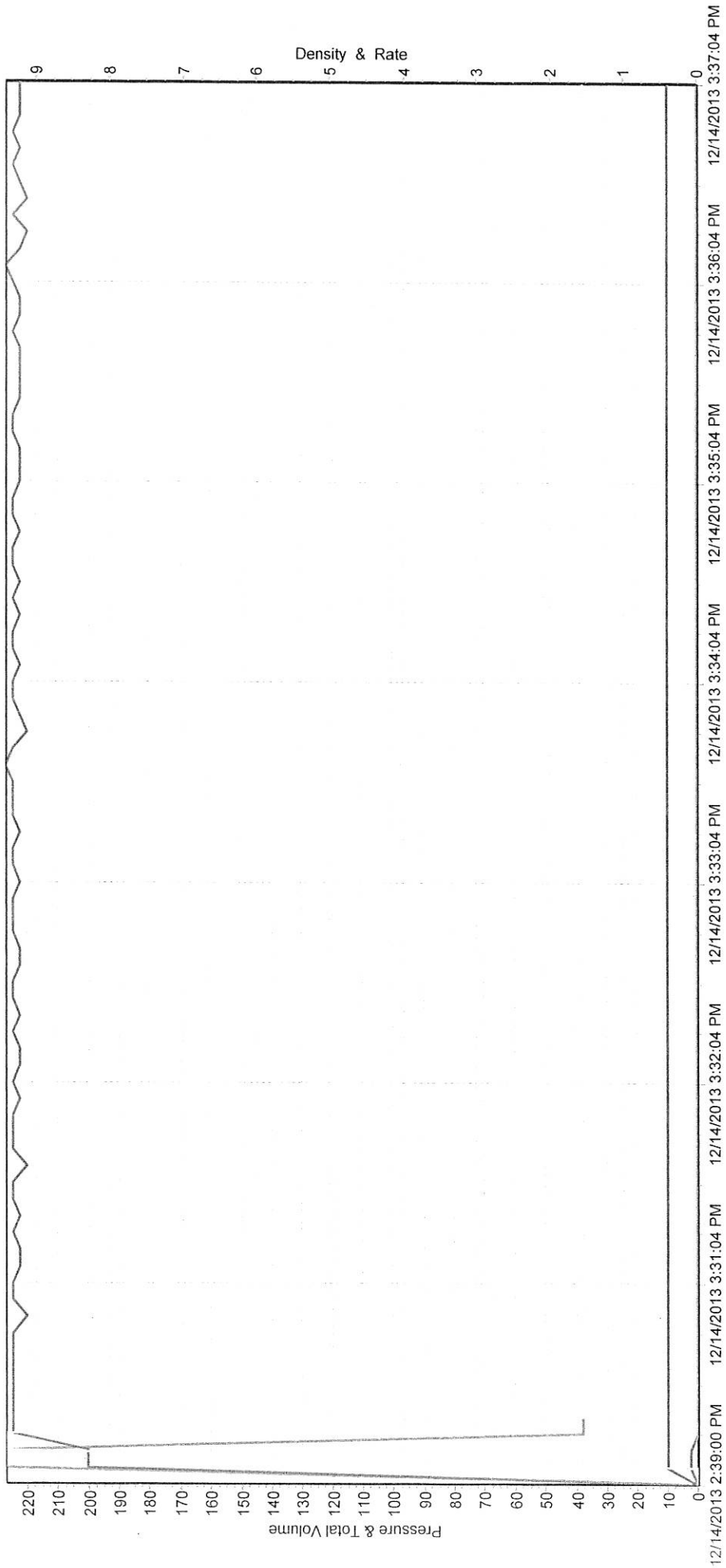
[Signature]
X *[Signature]*
Authorization To Proceed

Title

12-16-13
12-14-13
Date

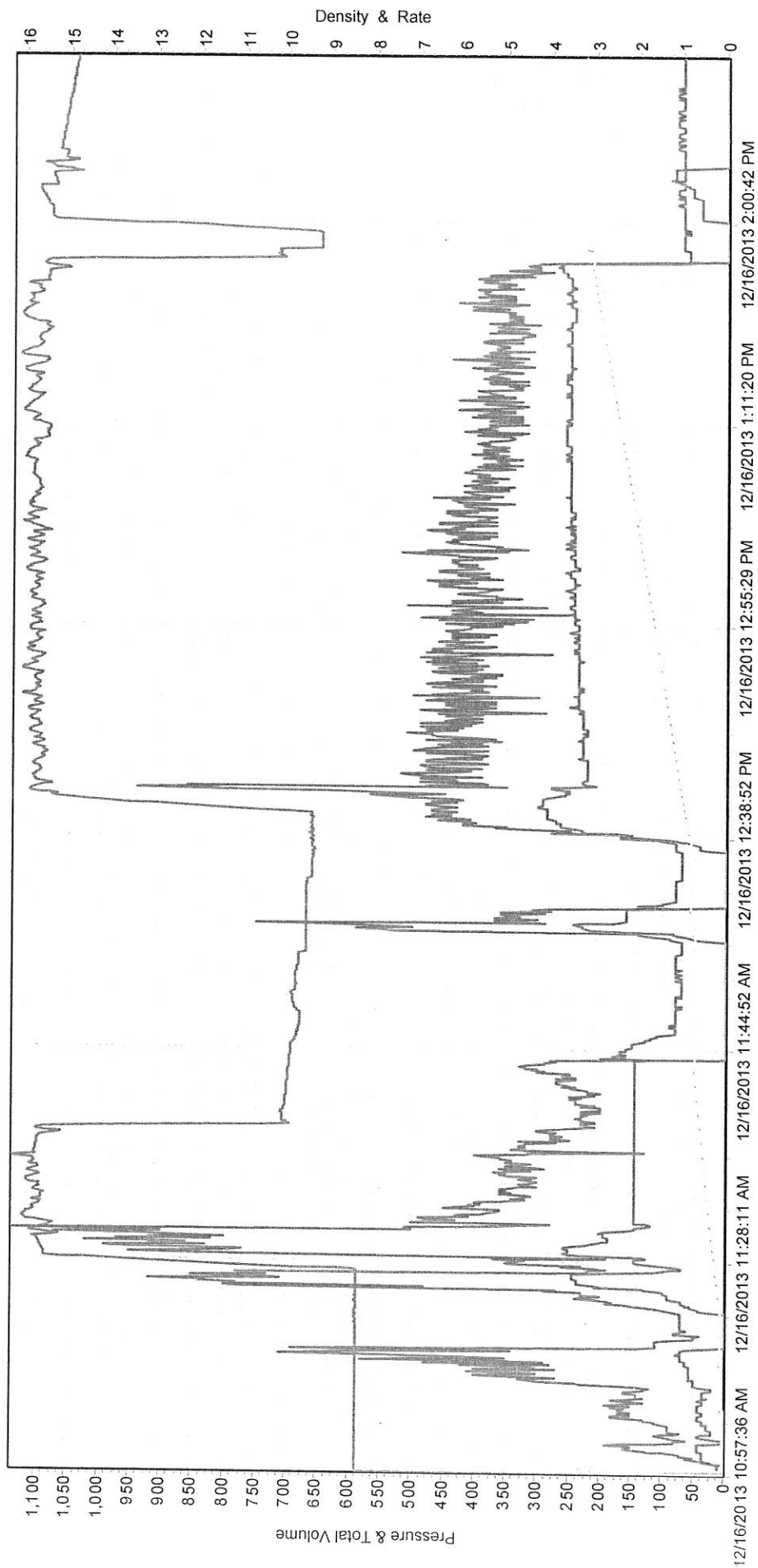
M/D TOTCO 2000 SERIES

— PSI — Barrels / Minute — Barrels — Lbs / Gallon Stage Volume



M/D TOTCO 2000 SERIES

— PSI — Barrels / Minute — Barrels — Lbs / Gallon Stage Volume



DAILY WORK REPORT

LEED ENERGY SERVICES, INC.

303-654-9202

P.O. BOX 329 • 1352 FACTORY DRIVE
FORT LUPTON, CO 80621

NO. 42680

Date 11-15-12
 Customer Noble Energy State CO
 Well / Lease Patriot 816-09 County Weld
 Company Rep. John D Time 6:00 To 12:15 Area 200 S Rig No. 11
 START FINISH

DESCRIPTION

Leave Crew to loc. H. 13 1/2 hrs. Safety Meeting. Start equipment. Check well
 Ck pressure on well #. 714 w/ will show circulate every 40. Hrs. Tag cement
 plug w/ 252 Hrs. Tool Lay down rby on flat. 76 Hrs. Circulate well for a while.
 Hrs. w/ 252 Hrs. Pump 2nd Plug. Tool Lay down 65 Hrs. Pump cement from 400 To
 Surfaces. Tool w/ 252 Hrs. Rig down Tongs and floor. NU BCP. H. Change
 use Gun on Surfaces Head. Rig down BCP. Rig down. Rig down pump
 and since pump check let Max Rig over. Put brace. Shut down. Drive
 back to yard.

TOOL BOX SAFETY MEETING

ATTENDEES OTHER THAN LISTED BELOW

TOPIC

CHARGE RECORD

117	Rig Time <u>11</u> Hrs. @ <u>████████</u> Per Hr. <u>████████</u> \$ <u>████████</u>	Fishing Tools x <u>████████</u> \$ <u>████████</u>
237	Crew Travel x <u>1</u> \$ <u>████████</u>	Light Plant x <u>████████</u> \$ <u>████████</u>
272	Mud Pump x Tank <u>████████</u> \$ <u>████████</u>	Swab Cups <u>████████</u> # @ \$ <u>████████</u> \$ <u>████████</u>
	Base Beam <u>████████</u> \$ <u>████████</u>	Swab Cups <u>████████</u> # @ \$ <u>████████</u> \$ <u>████████</u>
	Power Swivel x <u>████████</u> \$ <u>████████</u>	Oil Svr. Rbr. <u>████████</u> # @ \$ <u>████████</u> \$ <u>████████</u>
	Washington Head <u>████████</u> \$ <u>████████</u>	TBG Wiper Rubber <u>████████</u> # @ \$ <u>████████</u> \$ <u>████████</u>
	Blow-out Preventer x <u>████████</u> \$ <u>████████</u>	Rod Wiper Rubber <u>████████</u> # @ \$ <u>████████</u> \$ <u>████████</u>
	Flanges x <u>████████</u> \$ <u>████████</u>	Sub Pay (# <u>████████</u>) @ \$ <u>████████</u> \$ <u>████████</u>
	Tool Pusher <u>P: A</u> \$ <u>████████</u>	4th Hand <u>████████</u> \$ <u>████████</u>
280	Mud Tank x <u>████████</u> \$ <u>████████</u>	5th Hand <u>████████</u> \$ <u>████████</u>
	Power Rod Tongs x <u>Patriot 816-09</u> \$ <u>████████</u>	Other <u>████████</u> \$ <u>████████</u>
	Fuel <u>████████</u> Gals. @ <u>████████</u> Per Gal <u>████████</u> \$ <u>████████</u>	Other <u>████████</u> \$ <u>████████</u>
	Pipe Dope @ \$ <u>142.750</u> Per Trip <u>████████</u> \$ <u>████████</u>	Other <u>████████</u> \$ <u>████████</u>
	Washington/Stripper Rubber <u>03 # @ \$ 0050</u> \$ <u>████████</u>	Sales Tax x <u>████████</u> % <u>████████</u> \$ <u>████████</u>

Total Charges ████████ \$ ████████

CHARGE RECORD

Type Well Head <u>████████</u>	Mud Anchor <u>████████</u>	No. & Size Rods <u>████████</u>
Packer Settings <u>████████</u>	Size Tubing <u>████████</u>	No. & Size Subs <u>████████</u>
Type Packer <u>████████</u>	Subs <u>████████</u>	Pump Description (out) <u>████████</u>
No. Jts. Tubing <u>████████</u>	Perf. Nppl. <u>████████</u>	(in) <u>████████</u>

SIGNATURE - CUSTOMER REPRESENTATIVE

SIGNATURE - SUPERVISOR

	RIG	TRAVEL	TOTAL
OPERATOR <u>Francisco Alvarez</u>	<u>11</u>	<u>1</u>	<u>12</u>
DERRICKMAN <u>Technish B. Berman</u>	<u>1</u>	<u>1</u>	<u>1</u>
FLOOR HAND <u>████████</u>	<u>1</u>	<u>1</u>	<u>1</u>
FLOOR HAND <u>████████</u>	<u>1</u>	<u>1</u>	<u>1</u>

DAILY WORK REPORT

LEED ENERGY SERVICES, INC.
303-654-9202P.O. BOX 329 • 1352 FACTORY DRIVE
FORT LUPTON, CO 80621

NO. 42679

Customer Noble Energy Date 10-14-13
 Well / Lease Palmer 1 BIC-24 State CO
 Company Rep. Kevin M Time 6:00 PM To 4:00 PM Area 2005 County Weld
 RIG No. 711

DESCRIPTION

Arrive Crew to Loc. Hold JSA and Safety Meeting. Start equipment.
 Unblock well. Check pressure on pump, run w/mill shoe. Circulate around 40 ft.
 Run 150 ft. Circulate for a while. Standby for Bison Crew. Run w/Bison crew.
 Pump first plug @ 5000'. Rig down Bison. TOOTH TO DERRICK. The last 30 ft
 is full cement. Lay down on ground. Close Well and Secure. Drain pump
 and lines. Clean Loc. Shut down. Arrive Crew back to yard.

TOOL BOX SAFETY MEETING

ATTENDEES OTHER THAN LISTED BELOW

TOPIC

CHARGE RECORD

711	Rig Time <u>14</u>	Hrs. @ <u>1</u>	Per Hr. <u>\$</u>		Fishing Tools x <u>1</u>	\$ <u>150</u>
3035	Crew Travel x <u>1</u>				Light Plant x <u>1</u>	\$ <u>150</u>
348	Mud Pump x Tank <u>1</u>				Swab Cups <u>1</u> @ \$ <u>150</u>	\$ <u>150</u>
	Base Beam <u>1</u>				Swab Cups <u>1</u> @ \$ <u>150</u>	\$ <u>150</u>
	Power Swivel x <u>1</u>				Oil Svr. Rbr. <u>1</u> @ \$ <u>150</u>	\$ <u>150</u>
	Washington Head <u>1</u>				TBG Wiper Rubber <u>1</u> @ \$ <u>150</u>	\$ <u>150</u>
390	Blow-out Preventer x <u>1</u>				Rod Wiper Rubber <u>1</u> @ \$ <u>150</u>	\$ <u>150</u>
	Flanges x <u>1</u>				Sub Pay (# <u>1</u>) @ \$ <u>150</u>	\$ <u>150</u>
	Tool Pusher <u>1</u>				4th Hand <u>1</u>	\$ <u>150</u>
263	Mud Tank x <u>1</u>				5th Hand <u>1</u>	\$ <u>150</u>
	Power Rod Tongs x <u>1</u>				Other <u>1</u>	\$ <u>150</u>
	Fuel <u>1</u> Gals. @ <u>3.10</u>				Other <u>1</u>	\$ <u>150</u>
	Pipe Dope @ \$ <u>1.25</u> Per Trip <u>1</u>				Other <u>1</u>	\$ <u>150</u>
	Washington/Stripper Rubber <u>1</u> @ \$ <u>150</u>				Sales Tax x <u>1</u> % <u>150</u>	\$ <u>150</u>
					Total Charges <u>150</u>	\$ <u>150</u>

CHARGE RECORD

Type Well Head <u>1</u>	Mud Anchor <u>1</u>	No. & Size Rods <u>1</u>
Packer Settings <u>1</u>	Size Tubing <u>1</u>	No. & Size Subs <u>1</u>
Type Packer <u>1</u>	Subs <u>1</u>	Pump Description (out) <u>1</u>
No. Jts. Tubing <u>1</u>	Perf. Nppl. <u>1</u>	(in) <u>1</u>

SIGNATURE - CUSTOMER REPRESENTATIVE

SIGNATURE - SUPERVISOR

	RIG	TRAVEL	TOTAL
OPERATOR <u>Kevin M</u>	<u>14</u>	<u>1</u>	<u>15</u>
DERRICKMAN <u>TECUMOTH ROBERTSON</u>	<u>1</u>	<u>1</u>	<u>1</u>
FLOOR HAND <u>1</u>			
FLOOR HAND <u>1</u>			