

1.2 Cementing Job Summary

Sold To #: 345242		Ship To #: 3630185		Quote #:		Sales Order #: 0901929240				
Customer: NOBLE ENERGY INC E-BUSINESS					Customer Rep: Chris Hobnstein					
Well Name: UPRC			Well #: 17-15Q			API/UWI #: 05-123-16729				
Field:		City (SAP): HUDSON		County/Parish: WELD			State: COLORADO			
Legal Description:										
Contractor:					Rig/Platform Name/Num: Workover					
Job BOM: 14141										
Well Type: GAS										
Sales Person: HALAMERICA\HB21661					Srv Supervisor: Devin Birchell					
Job										
Formation Name										
Formation Depth (MD)		Top				Bottom				
Form Type				BHST		156 degF				
Job depth MD		4500ft		Job Depth TVD						
Water Depth				Wk Ht Above Floor						
Perforation Depth (MD)				To						
Well Data										
	New / Used	Size in	ID in	Weight lbm/ft	Thread	Grade	Top MD ft	Bottom MD ft	Top TVD ft	Bottom TVD ft
Open Hole Section			12				0	1017		
Casing		4.5	4	11.6			0	3400		
Open Hole Section			10				1017	3400		
Tools and Accessories										
Type	Size in	Qty	Make	Depth ft		Type	Size in	Qty	Make	
Guide Shoe	4.5	1		3400		Top Plug	4.5	1	HES	
Float Shoe	4.5	1				Bottom Plug	4.5	1	HES	
Float Collar	4.5	1				SSR plug set	4.5	1	HES	
Insert Float	4.5	1				Plug Container	4.5	1	HES	
	4.5	1				Centralizers	4.5	1	HES	
Miscellaneous Materials										
Gelling Agt		Conc		Surfactant		Conc		Acid Type	Qty	
Treatment Fld		Conc				Conc		Sand Type		
Fluid Data										
Stage/Plug #: 1										

Fluid #	Stage Type	Fluid Name	Qty	Qty UoM	Mixing Density lbm/gal	Yield ft ³ /sack	Mix Fluid Gal	Rate bbl/min	Total Mix Fluid Gal
1	Fresh Water Spacer	Fresh Water Spacer	6	bbl	8.33				
Fluid #	Stage Type	Fluid Name	Qty	Qty UoM	Mixing Density lbm/gal	Yield ft ³ /sack	Mix Fluid Gal	Rate bbl/min	Total Mix Fluid Gal
2	HalCem	HALCEM (TM) SYSTEM	300	sack	15.8	1.15		4	4.95
4.95 Gal									
Fluid #	Stage Type	Fluid Name	Qty	Qty UoM	Mixing Density lbm/gal	Yield ft ³ /sack	Mix Fluid Gal	Rate bbl/min	Total Mix Fluid Gal
3	Water	Water	5	bbl	8.34				
		Amount	ft						
Comment									



Bison Oil Well Cementing

Customer: Noble
Well Name: UPRC 17-15Q

Invoice # 25107
API# 05-123-16729
Foreman: Calvin Reimers
Date 12/17/2014

County: Weld
State: Colorado

Sec: 17
Twp: 2N
Range: 64W

Consultant: Chris
Rig Name & Number: BWC 11
Distance To Location: 24 Miles
Units On Location: 4023-3104/4019-3206
Time Requested: 1200pm
Time Arrived On Location: 1230pm
Time Left Location: 8:00pm

Plug Job

Well Data

OD Inches	2.375	
String Weight Per ft	4.7	
First Plug Sacks	125	
First Plug Depth	2500	
Second Plug Sacks	375	
Second Plug Depth	980	
Third Plug Sacks		
Third Plug Depth		
Fourth Plug Sacks		
Fourth Plug Depth		
ID	1.995	
First Plug Displacement	9.6655	bbl
Second Plug Displacement	3.7889	bbl
Thirst Plug Displacement	0.0000	bbl
Fourth Plug Displacement	0.0000	bbl
bbls of Spacer Ahead	5	bbls

bbls of Slurry

First Plug bbls of Slurry	25.6019 bbls
Second Plug bbls of Slurry	76.8056 bbls
Third Plug bbls of Slurry	0.0000 bbls
Fourth Plug bbls of Slurry	0.0000 bbls

First Plug Cement Data

Cement Name:	Neat G
Cement Density (lb/gal) :	15.8
Cement Yield (cuft) :	1.15
Gallons Per Sack:	5.00

Second Plug Cement Data

Cement Name:	Neat G
Cement Density (lb/gal) :	15.8
Cement Yield (cuft) :	1.15
Gallons Per Sack:	5.00

Third Plug Cement Data

Cement Name:	BFN III
Cement Density (lb/gal) :	13.1
Cement Yield (cuft) :	1.69
Gallons Per Sack:	8.60

Fourth Plug Cement Data

Cement Name:	BFN III
Cement Density (lb/gal) :	13.1
Cement Yield (cuft) :	1.69
Gallons Per Sack:	8.60

Displacement Fluid lb/gal:	8.3
Fluid Ahead (bbls):	15.0
H2O Wash Up (bbls):	20.0

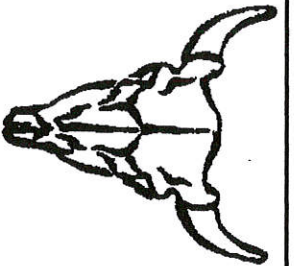
bbls of Mix Water

First Plug bbls Mix Wate	14.8810 bbls
Second Plug bbls Mix Wat	44.6429 bbls
Third Plug bbls Mix Wate	0.0000 bbls
Fourth Plug bbls Mix Wat	0.0000 bbls

X

Authorized To Proceed

Customers hereby acknowledges and specifically agrees to the terms and condition on this work order, including, without limitation, the provisions on this work order.



**Bison Oil Well Cementing
Single Cement Surface Pipe**

Customer
Well Name

Noble
UPRC 17-15Q

INVOICE #
LOCATION
FOREMAN
Date

25107
Weld
Calvin Reimers
12/17/2014

Treatment Report Page 2

DESCRIPTION OF JOB EVENTS

Safety Meeting	511pm	Displace 1			Displace 2			Displace 3			Displace 4		
	1245pm	BBLS	Time	PSI	BBLS	Time	PSI	BBLS	Time	PSI	BBLS	Time	PSI
MIRU		0			0			0			0		
CIRCULATE	530pm	10			10			10			10		
CIRCULATE	626pm	20			20			20			20		
CIRCULATE		30			30			30			30		
CIRCULATE		40			40			40			40		
M & P		50			50			50			50		
		60			60			60			60		
		70			70			70			70		
First Plug	Time	Sacks											
	1007am	125											
Second Plug		375											
Third Plug		0											
Fourth Plug		0											
Mixed bbls													
First Plug	14.88				110			110			110		
Second Plug	44.64				120			120			120		
Third Plug					130			130			130		
Fourth Plug					140			140			140		
Water Temp	38.4				150			150			150		

Notes:

The day

Used 125 sks 25.60 bbls Slurry on 1st Plug and 580 sks 118.79 bbls Slurry on Surface Plug

X		X	
Work Performed	Title	Date	

NABORO

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

FIELD TICKET NO.

26918

DELIVERED FROM

DATE _____

INVOICE NO.

P.O. NO.

AFE NO.

CUSTOMER NO.

LEASE *APK 2*

WELL NO. 17-15Q

CUSTOMER

FIELD *L. A. Henders*

STATE 10

COUNTY Weld

ADDRESS

LOCATION 55 + 20

CITY

CASING SIZE & WT. 4 1/2

TBG SIZE

STATE

ZIP


TYPE OF JOB

ORDERED BY *C. Hohnstein*

TITL F

SERVICE SUPV. GN

[illegible]

CALLED OUT		ON LOCATION		COMPLETED		TOTAL SERVICE & MATERIALS	
_____ Time		_____ Time		 _____ Time		DISCOUNT	
_____ Date		_____ Date		_____ Date		TAX	

***ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED**

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

Employee Name (Print)

Hours

Initials

Employee Number

Sarchet

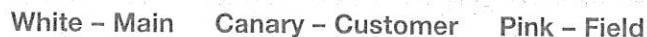
I was not injured, involved in or caused an accident during the performance of this work. If an injury or accident occurred a signature is not to be provided. The injury or accident is to be reported to the supervisor so that a report can be prepared.

I hereby attest that my supervisor, _____, employer NCPS, did permit me to eat while working.

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 
NABORS COMPLETION & PRODUCTION SERVICES CO.

X _____
CUSTOMER REPRESENTATIVE



NABORO

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

FIELD TICKET NO. 26915

DELIVERED FROM *Ft. Lupton*

DATE 12-10-14

INVOICE NO.	P.O. NO.	A/E NO.
CUSTOMER NO.	LEASE <u>WPRC</u>	WELL NO. <u>17-150</u>
CUSTOMER <u>Noble</u>	FIELD <u>W4Henberg</u> STATE <u>CO</u>	COUNTY <u>Weld</u>
ADDRESS	LOCATION <u>18-53</u>	
CITY	CASING SIZE & WT. <u>4 1/2</u>	TBG. SIZE
STATE ZIP	TYPE OF JOB <u>Dumpleurst</u>	
ORDERED BY <u>C. Hohnstein</u>	TITLE	SERVICE SUPV. <u>GN</u>

[illegible]

***ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED**

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

Employee Name (Print)	Hours	Initials	Employee Number	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.	Employee Name (Print)
Church Sánchez					

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.

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.

NABORS COMPLETION & PRODUCTION SERVICES CO.

CUSTOMER REPRESENTATIVE