

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				Srvc 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

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

Customer: Noble
 Well Name: UPRC 17-15Q

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	bb1
Second Plug Displacement	3.7889	bb1
Thirst Plug Displacement	0.0000	bb1
Fourth Plug Displacement	0.0000	bb1
bb1s of Spacer Ahead	5	bb1s

bb1s 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

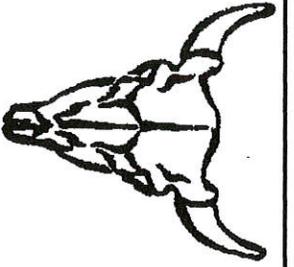
bb1s of Mix Water

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

	Displace 1			Displace 2			Displace 3			Displace 4		
	BBLs	Time	PSI									
Safety Meeting	511pm											
MIRU	1245pm	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		
Time		60		60			60			60		
Sacks		70		70			70			70		
1007am		80		80			80			80		
First Plug		90		90			90			90		
Second Plug		100		100			100			100		
Third Plug		110		110			110			110		
Fourth Plug		120		120			120			120		
Mixed bbls		130		130			130			130		
14.88		140		140			140			140		
44.64		150		150			150			150		
Water Temp	38.4											

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 _____ X _____
 Work Performed _____ Title _____ Date _____



NABORS

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 Ft. LuptonDATE 12-12-14

INVOICE NO.	P.O. NO.	AFE NO.
CUSTOMER NO.	LEASE <u>UPRC</u>	WELL NO. <u>17-159</u>
CUSTOMER <u>Noble</u>	FIELD <u>Wattenberg</u> STATE <u>CO</u>	COUNTY <u>Weld</u>
ADDRESS	LOCATION <u>53+50</u>	
CITY	CASING SIZE & WT. <u>4 1/2</u>	TBG. SIZE
STATE	ZIP	TYPE OF JOB <u>P+A</u>

ORDERED BY C. Hohnstein TITLE _____ SERVICE SUPV. GN

PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT	AMOUNT
<u>758051005</u>	<u>2 shot 592 Gun</u>		<u>1</u>		
<u>702550100</u>	<u>pack-off</u>		<u>1</u>		
<u>702101111</u>	<u>Fuel Surcharge</u>				
	<u>2 holes @ 4500'</u>				
	<u>UPRC 17-159</u>				
	<u>AFE Pending</u>				
	<u>970.10 0252</u>				

CALLED OUT _____ Time _____ Date	ON LOCATION _____ Time _____ Date	COMPLETED  _____ Time _____ Date	TOTAL SERVICE & MATERIALS DISCOUNT TAX TOTAL CHARGES
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*ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED

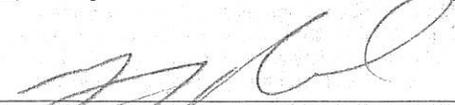
WITH MY INITIALS, I CONFIRM THAT THE TIME SHOWN IN THE "HOURS" COLUMN, ACCURATELY REFLECTS MY COMPENSABLE TIME.

Employee Name (Print)	Hours	Initials	Employee Number
<u>Sarchet</u>			

I was not injured, involved in or accident during the performance of this work. If 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 NCPSS, 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. 0

27119

DELIVERED FROM _____

DATE

12-17-14

05-123-16729

INVOICE NO.		P.O. NO.	AFE NO.
CUSTOMER NO.		LEASE <u>U PRC 17-15 Q</u>	WELL NO.
CUSTOMER <u>Noble Energy</u>		FIELD <u>WATTENBERG STATE COLO</u>	COUNTY <u>Weld</u>
ADDRESS		LOCATION <u>SW/SE 17 2N 64W</u>	
CITY		CASING SIZE & WT. <u>4 1/2</u>	TBG. SIZE
STATE ZIP		TYPE OF JOB <u>P+R</u>	
ORDERED BY <u>Chris Hohnstein</u>		TITLE <u>BRACKELSBURG</u>	SERVICE SUPV.

PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT
70-255-0100	PACK OFF				[REDACTED]
250-0003	Collar Buster @ 2456				
0008	Collar Buster Depth		MIN		
1111	Fuel Surcharge				
UPRC 17-15 Q AFE Pending 970.10 052					

THANK YOU!

CALLED OUT _____ Time _____ Date	ON LOCATION _____ Time _____ Date	COMPLETED _____ Time _____ Date	TOTAL SERVICE & MATERIALS DISCOUNT TAX 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 my duties. 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 NCPSS did permit me to eat while working.

Employee Name (Print)	Hours	Initials	Employee Number
<u>Harder</u>			
<u>Ramsey</u>			

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X HPJ
 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.	AFE NO.
CUSTOMER NO.		LEASE <u>U PRC</u>	WELL NO. <u>17-150</u>
CUSTOMER <u>Noble</u>		FIELD <u>Wattenberg</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>Dumplement</u>	
ORDERED BY <u>C. Hohnstein</u>		TITLE	SERVICE SUPV. <u>GN</u>

PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT
<u>70299 0206</u>	<u>Dumplaidsystem</u>		<u>7490</u>		
<u>70255 0100</u>	<u>pack-off</u>		<u>1</u>		
<u>70210 1111</u>	<u>Fuel surcharge</u>				
	<u>U PRC 17-150</u>				
	<u>201461</u>				
	<u>970.10 0052</u>				

CALLED OUT _____ Time _____ Date	ON LOCATION _____ Time _____ Date	COMPLETED _____ Time _____ Date	TOTAL SERVICE & MATERIAL DISCO TA
*ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED			TOTAL CHARGES

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	<small>I was not injured, involved in or witness 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.</small>	<small>employer NCP's, the time me to eat while working.</small>
<u>Church</u>					
<u>Sorcher</u>					

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X
 NABORS COMPLETION & PRODUCTION SERVICES CO.

X _____
 CUSTOMER REPRESENTATIVE