

**Bayou Well Services  
3353 Center Drive  
Milliken, CO. 80534  
970) 587-5813 or 970) 587-5824 (Fax)**

**Job Log**

Date: 3/28/16-

Operator: Noble Energy Inc.

Well Name: STATE-HOPPE 16-03

Legal Location: SW/NW SEC.16 T6N R66W

API # 5-123-12521

Weld County

3/28/16: MIRU P&A Equipment, Check P.S.I, TBG 750 #'S, CSG 750 #'S, Surface CSG 0#'S, Blow Well Down to Rig Tank, Pump 40 BBL of Water Down CSG and 30 BBL Down TBG to Kill Gas, UN-LAND TBG, NU BOP'S, Handling Equipment, TOOH, Stand Back 80 JNTS, LD 151 JNTS of 2 3/8" TBG, ( Recovered 231 JNTS of 2 3/8" TBG) SWI.

3/29/16: Check P.S.I, 0#'S, RU Core Tech WL, RIH w/ GYRO from 7180' to Surface, RD Core Tech WL, RU CHS WL, RIH w/ CIBP set @ 6820' ROH, RIH w/ 2 sxs of 15.8 # CGC Dump on Top of CIBP @ 6820' ROH, Load Well w/ 76 BBL of Water, RIH w/ Collar Buster to Cut CSG @ 2482' ROH, RD CHS WL, ND BOP'S, UN-LAND CSG, NU BOP'S, Change Over to 4.5" CSG, Handling Equipment, LD 6' Sub to Make Sure CSG Was Free, SWI.

3/30/16: Check P.S.I, 0 #'S, TOOH LD CSG,( Recovered 59 JNTS of 4.5" CSG, 2482') Change Over to 2 3/8" TBG, Handling Equipment, TIH w/ 80 JNTS to Pump Stub Plug @ 2488' Establish Circulation w/ 5 BBL of Water, Mix and Pump 100 sxs of 15.8 # CGC, Displaced w/ 8 BBL of Water, TOOH LD 53 JNTS to Pump Shoe Plug w/ 27 JNTS @ 842' Establish Circulation w/ 7 BBL of Water, Mix and Pump 400 sxs of 15.8 # CGC,( never got cement to surface) Displaced w/ 4 BBL of Water, TOOH LD 27 JNTS, SWI.

3/31/16: TIH w/ 7 JNTS TOC @ 220' Establish Circulation w/ 4 BBL of Water, Mix and Pump 85 sxs of 15.8 # CGC to Cement Tank, TOOH LD 7 JNTS, Top of Well w/ Cement to Surface, RD P&A Equipment, SWI.

4/1/16: TOC @ Surface, P&A Complete.

\* \* \* All cement is 15.8 # Class "G" neat cement \* \* \*

Cementing Contractor: Bayou Well Services

Cementing Contractor Supervisor: Gustavo Jaime

Operator Supervisor: Jeremy Schneider  
State Representative: Jason Gomez  
Wireline Contractor: CASED HOLED SOLUTION WL



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

FIELD TICKET #

32893

DELIVERED FROM \_\_\_\_\_

DATE 3-29-16

<b>INVOICE NO.</b>	P.O. NO.	AFE NO.
CUSTOMER NO.	LEASE <u>State Hoppe 16-03</u>	WELL NO.
CUSTOMER <u>Noble</u>	FIELD <u>Wattenberg</u> STATE <u>Colo</u>	COUNTY <u>Weld</u>
ADDRESS	LOCATION <u>392 + 29</u>	
CITY	CASING SIZE & WT. <u>4 1/2</u>	TBG. SIZE
STATE	ZIP	TYPE OF JOB <u>P+A</u>

ORDERED BY Jeremy Schneider TITLE \_\_\_\_\_ SERVICE SUPV. K.G.

PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT
<u>75-820-1111</u>	<u>Set 4 1/2 CIBP</u>		<u>1</u>		
<u>70-210-1111</u>	<u>Dump Trailer</u>		<u>1</u>		
<u>70-250-1111</u>	<u>Collar Buster</u>		<u>1</u>		
<u>75-810-1111</u>	<u>Pack OPD + Flange</u>		<u>1</u>		
<u>State Hoppe 16-03</u>					
<u>203580</u>					
<u>970.10 9205</u>					
<u>CIBP @ 6820</u>					
<u>2 5/8 Cement @ 6820</u>					
<u>Cut @ 2482</u>					

CALLED OUT _____ Time _____ Date	ON LOCATION <u>9:00</u> Time <u>3-29</u> Date	COMPLETED _____ Time _____ Date	TOTAL SERVICE & MATERIALS DISCOUNT TAX TOTAL CHARGES
--	---	---------------------------------------	---

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 NCPSS, did permit me to eat while working.

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

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