

Field—Pink



Cased Hole Wire-Line Safety Checklist

Version: 7-20-07

This form is to be used while auditing cased hole supervisors and their crews. If an item was not completed a counseling session on proper job procedures will be given by the local manager with the supervisor and employees the audit was conducted on.

Task	CHECK
Convoy of perf trucks MUST travel together at all times (shop-to-shop)	/
Shipping papers MUST be completed and carried at all times while transporting explosives	/
Complete a formal documented safety meeting before each job (Jobsite EEP Form)	/
Check for power lines and RF antennas	/
Check and identify any dangerous situations on location	/
Place the blasting sign out (300 ft. minimum) & in the front windshield of the perf truck	/
Designate an area to make up guns (authorized personnel only)	/
Put out ground lines	/
Conduct a stray current check with Blasters Safety Meter, If more than .25v eliminate the source	/
Engineer and crew ensure all cell phones, generators and/or other electronic devices are turned off PRIOR to arming guns	/
When capping, ALWAYS have key in safe position and out of the shooting panel (key in pocket)	/
Engineer MUST have visual contact with the frac supervisor giving the okay to arm guns	/
Remove all shipping stickers on guns before going into wellbore	/
Blasting sleeve MUST be used when capping up	/
Always arm guns Electrically first, then Ballistically	/
DO NOT come out of safe mode until 200 ft below surface; return to safe mode when coming out of the wellbore (200 ft below surface); Always assume the gun is live until it is verified otherwise	/
NEVER check fire through a gun or near vented well gas (wellhead, flow-line or annulus)	/
NEVER check fire with detonators in the designated explosive area	/
NEVER check fire without being in the line of sight	/
NEVER top fire HSC gun	/
NO welding on site during explosive operations	/
Top sheave and rig equipment MUST have fender cover to minimize water, grease and debris from being spread across location	/
Superior Well Services PPE Policy MUST be followed while on location	/
NO SMOKING on location; NO SMOKING within a 100ft minimum distance of flammables and/or explosives	/
NEVER proceed with explosive operations when lightning is in sight	/
If you believe that a procedure cannot be performed safely, DO NOT do it.	/

**THIS FORM IS TO BE SUBMITTED WITH YOUR FIELD TICKETS
DAILY FOR AUDITING PURPOSES.**

Engineer/Operator Signature

Date:

[Signature]
3-6-17

SUPERIOR WELL SERVICES

PRIDE IN PERFORMANCE



CUSTOMER NOBLE		DATE 3-6-12	INVOICE NUMBER 7312
LEASE NAME B&M 22-05		JOB TYPE Plug / cement	JOB DURATION (CALLOUT TO RETURN)
SERVICE ENGINEER			ACTUAL MILEAGE ROUND TRIP
FOOTAGE	CEMENT	PROPPANT	ACID
PERFORATIONS			
OPERATOR / UNIT	OPERATOR / UNIT	OPERATOR / UNIT	OPERATOR / UNIT
OPERATOR / UNIT	OPERATOR / UNIT	OPERATOR / UNIT	OPERATOR / UNIT
OPERATOR / UNIT FLANK 3312	OPERATOR / UNIT	OPERATOR / UNIT	OPERATOR / UNIT

CUSTOMER			SUPERIOR	
YES	No	Was the appearance of the personnel and equipment satisfactory?	YES	No
YES	No	Was the job performed in a professional manner?	YES	No
YES	No	Were the calculations prepared and explained properly?	YES	No
YES	No	Were the correct services dispatched to the job site?	YES	No
YES	No	Were the services performed as requested?	YES	No
YES	No	Did the job site environment remain unchanged?	YES	No
YES	No	Did the equipment perform in the manner expected?	YES	No
YES	No	Did the materials meet your expectations?	YES	No
YES	No	Was the crew prepared for the job?	YES	No
YES	No	Was the crew prompt in the rig-up and actual job?	YES	No
YES	No	Were reasonable recommendations given, as requested?	YES	No
YES	No	Did the crew perform safely ?	YES	No
YES	No	Was this job performed to your satisfaction ?	YES	No

CUSTOMER'S AGENT

ADDITIONAL COMMENTS

OK PM

Company Name: NOBLE	Job Type: Casedhole Perf Plug - Bender	 
Lease Name & #: B + M 22-05	Supervisor(s): Hobbs	
Well Location: 41-28 E.S.	Service Coordinator: ZWANGSTRA	

Required and / or Recommended Personal Protection Equipment:

Hard Hat / Steel Toe Boots / Safety Glasses (Clear at night and early morning) / Ear Plugs / Coveralls / Gloves

A. Sequence of Basic Job Steps	B. Potential Hazards	C. Recommendations
READ AND SIGN Rig JSA	EXPLOSIVES	TURN OFF
Rig up	2 Runs	RAY ATTN
SAFETY MEETING	P.W. by Rig.	BE CAR
Run 4 1/2 CESP Plug	TBS ON GROUND	STAY AW
Lay Down	Small Location	SHOULDER
Run Bender 4 sec.		WIRECL
Lay Down		
Rig Down		
LEAVE.		

KEY TOPICS IN ADDITION TO "JSA" MUST BE DISCUSSED

- TOP JOB PRESSURE: (IF APPLICABLE)
- ENSURE APPROPRIATE PREVENTATIVE MEASURES HAVE BEEN TAKEN AND APPROPRIATE CHECKS HAVE BEEN MADE (DO NOT START JO
- MORE DETAILED DISCUSSION OF ARMING AREA & HAZARDS ASSOCIATED WITH PERFORATING GUN ARMING
- DISCUSS DESIGNATED AREA AND APPROPRIATE JOB ASSIGNMENTS-ONLY AUTHORIZED EMPLOYEES IN ARMING AREA/HANDLING EXP
- DISCUSS SAFETY MEETING AREA (DESIGNATE SAFETY VEHICLE AND DRIVER)
- ENSURE CLOSEST HOSPITAL IS IDENTIFIED (OBTAIN GPS COORDINATES IF POSSIBLE) FOR EMERGENCY SERVICES PRIOR TO START OF
- REVIEW PPE IN DETAIL (ADDITIONAL JOB-TASK SPECIFIC REQUIRED PPE SHOULD BE REVIEWED IN ADDITIONAL JSA)
- IDENTIFY DESIGNATED SMOKING AREA

A

Reviewed By:

Approved By:

JH

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LOSIVES

F JOB

24 HR. EMERGENCY CONTACT: OCS 800-255-3924.

SUPERIOR WELL SERVICES

12670 WCR 25 1/2
Ft. Lupton, CO 80621
(970) 785-6575

15581 Hwy. 14
Sterling, CO 80751
(970) 526-1084

Explosive Shipping/Transport & Other Hazardous Material

Date: 3-6-12 District: 45 Vehicle No.: 1819 Ticket No.: 7312
Destination: B-m 22-05 State: COLORADO County: WELD
Routing: 41-28 E-J
Engineer's Number: 1-075-3402W Engineer's Name: XLBBS

HM	Item	Proper Shipping Name	n.e.c. per unit	Number Units Out	Number Units In	Net Weight Out	Net Weight In
	1	Charges, Shaped, Commercial, 1.4S, UN0441, II (STD)	g.			kg.	kg.
		Charges, Shaped, Commercial, 1.4S, UN0441, II	g.			kg.	kg.
	2	Charges, Shaped, Commercial, 1.4D, UN0440, II (EXP)	g.			kg.	kg.
		Charges, Shaped, Commercial, 1.4D, UN0440, II	g.			kg.	kg.
	3	Charges, Shaped, Commercial, 1.1D, UN0059, II (Cutters)	g.			kg.	kg.
	4	Cord, Detonating, 1.4D, UN0289, II	gr./ft.	ft.	ft.	kg.	kg.
		Cord, Detonating, 1.4D, UN0289, II	gr./ft.	ft.	ft.	kg.	kg.
	5	Detonators, Electric, 1.4S, UN0255, II (UBFD)	g.			kg.	kg.
		Detonators, Electric, 1.4S, UN0456, II (OWEN)	g.			kg.	kg.
	6	Cartridge, Power Device, 1.4S, UN0323 (Slo-set)	315 g.	1		315 kg.	kg.
	7	Flammable Solid, Organic, N.O.S., (Ammonium Perchlorate Mixture), 4.1, UN1325, II (Std)	g.			kg.	kg.
	8	Flammable Solid, Organic, N.O.S., (Strontium Nitrate/Potassium Perchlorate Mixtures) 4.1, UN1325, II	g.			kg.	kg.
	9	Igniters, 1.4S, UN0454, II (Baker Primary)	1 g.	1		.001 kg.	kg.
		Igniters, 1.4S, UN0454, II (Baker Secondary)	7 g.			.007 kg.	kg.
	10	Igniters, 1.4G, UN0325, II (Owen)	g.			kg.	kg.

		Proper Shipping Name	Total Guns	Total Charges	n.e.c. per Charge	Total n.e.c.	Gross Wt. Guns & Charges Out	Gross Wt. Guns & Charges In
	11	Jet Perforating Gun, charged oil well, without detonator, 1.4D, UN0494, II						
	12	Jet Perforating Gun, charged oil well, without detonator, 1.4D, UN0494, II						

		Proper Shipping Name	Quantity per Unit in Liters	Number of Units Out	Number of Units In
	13	Bromine Trifluoride, 5.1, UN1746, I DOT E-7879 Poison Inhalation Hazard, Zone B			

This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled in proper condition for transportation according to the applicable regulations of the Department of Transportation.

Signature of Superior employee preparing shipment

Date of Disposition	Explosive Manufacturer's Name	Quantity	Explosive Description and Size
3-6-12	Baker	1	Standard 10 #
3-6-12	Baker	1	BP3
3-6-12	Baker	1	2.125



SUPERIOR WELL SERVICES

SALES AND SERVICE FIELD TICKET

TICKET NO. 45- 007313

SERVICE DATE 03.07.2012

TICKET PAGE 1 of 1

CHARGE TO NOBLE ENERGY INC.		LEASE NAME OR PROJECT B-M 22-05	
ADD Noble Energy, Inc. 804 Grand Avenue Platteville, CO 80651		COUNTY WELD	STATE COLORADO
OWN		FIELD WATTENBERG	WELL PERMIT NUMBER 05.123 23376
		SERVICE ENGINEER LeRoy Hobbs	3312

PURCHASE ORDER / REFERENCE 999999	JOB TYPE TAG	CALLED OUT TIME DATE	ON LOCATION TIME 8:00 DATE 3-7	COMPLETED TIME 8:40 DATE 3-7
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SIGNATURE OF CUSTOMER OR CUSTOMER'S AGENT (PLEASE PRINT NAME HERE) I have read, understood and agreed to the terms and conditions printed on the reverse side hereof which include, but are not limited to, LIMITED WARRANTY, INDEMNITY, RELEASE and PAYMENT and represent that I have full power and authority to execute this agreement.

X

LOC	PRICE REFERENCE	AMOUNT	DESCRIPTION	UNIT COST	TOTAL COST
45	70 200 7998	X	Fuel suckNARGE		
45	70 255 0100	ONE	PACKOFF		
45	70 299 1115	7769	DEPTH DETERMINATION Run		
			CCL/BAR TAG @		
			7769'		
			RECEIVED		
			DATE		
			2.3/52		
			&C <input type="checkbox"/> 01.1 <input type="checkbox"/> 02.1		
			EQUIP <input type="checkbox"/> W/O		
			ACE <input type="checkbox"/> P&A <input type="checkbox"/> LOE		
			MAR 01 2012		
			BRCHZVHACBYA		
			14108		



CUSTOMER OR AGENT SIGNATURE X	Subtotal
I acknowledge that the equipment, materials and services as listed on this field ticket were received.	Bal Due

Unless satisfactory credit terms have been established prior to services performed by Superior Well Services, all invoices rendered for services performed by Superior Well Services shall be paid as indicated on the invoice within thirty days (30) from date of receipt. If not paid within thirty (30) days the unpaid amount is subject to interest at one and one half percent (1 1/2%) per month (eighteen percent per annum). All discounts indicated on the invoice are based upon payment within the invoice payment term and are subject to being cancelled by Superior Well Services if not paid within terms. If it should be necessary to employ an attorney to collect the amount due, you will be held liable for attorney's fees and collection costs. Superior Well Services, price book is incorporated herein by reference, which also contains all invoice payment terms.

Main—White

Customer—Canary

Field—Pink

Company Name: <i>NOBLE ENERGY</i>	Job Type: Casedhole Perf <i>Tag</i>	 
Lease Name & # <i>B-M 22-5</i>	Supervisor(s): <i>Leroy Hobbs</i>	
Well Location: <i>WELD</i>	Service Coordinator:	
Required and / or Recommended Personal Protection Equipment:		

Hard Hat / Steel Toe Boots / Safety Glasses (Clear at night and early morning) / Ear Plugs / Coveralls / Gloves

A. Sequence of Basic Job Steps	B. Potential Hazards	C. Recommendation
Arrive & sign JSA	Top & Bottom Sheaves	Pay At
Check out Location	Cable Line	Watch
Rig Up	Uneven / soft Ground	Good C
* Safety Meeting	Cold / windy	Watch
Tag Bottom	Tubing on Ground	Stay cke
Rig Down	Small Location w/ Pivot on site	Stay in
Leave		Wear f

KEY TOPICS IN ADDITION TO "JSA" - MUST BE DISCUSSED

TOP JOB PRESSURE: (IF APPLICABLE)

ENSURE APPROPRIATE PREVENTATIVE MEASURES HAVE BEEN TAKEN AND APPROPRIATE CHECKS HAVE BEEN MADE (DO NOT START MORE DETAILED DISCUSSION OF ARMING AREA & HAZARDS ASSOCIATED WITH PERFORATING GUN ARMING)

DISCUSS DESIGNATED AREA AND APPROPRIATE JOB ASSIGNMENTS-ONLY AUTHORIZED EMPLOYEES IN ARMING AREA/HANDLING E)

DISCUSS SAFETY MEETING AREA (DESIGNATE SAFETY VEHICLE AND DRIVER)

ENSURE CLOSEST HOSPITAL IS IDENTIFIED (OBTAIN GPS COORDINATES IF POSSIBLE) FOR EMERGENCY SERVICES PRIOR TO START

REVIEW PPE IN DETAIL (ADDITIONAL JOB-TASK SPECIFIC REQUIRED PPE SHOULD BE REVIEWED IN ADDITIONAL JSA)

IDENTIFY DESIGNATED SMOKING AREA

A

Reviewed By:

Approved By:

Fiction
 at Rr self & others
 communication
 your steps
 on of line
 farm
 proper attire

JOB UNTIL THEY ARE)

EXPLOSIVES

OF JOB



Cased Hole Wire-Line Safety Checklist

Version: 7-20-07

This form is to be used while auditing cased hole supervisors and their crews. If an item was not completed a counseling session on proper job procedures will be given by the local manager with the supervisor and employees the audit was conducted on.

Task <i>Ty Bottom</i>	CHECK
Convoy of perf trucks MUST travel together at all times (shop-to-shop)	✓
Shipping papers MUST be completed and carried at all times while transporting explosives	✓
Complete a formal documented safety meeting before each job (Jobsite EEP Form)	✓
Check for power lines and RF antennas	✓
Check and identify any dangerous situations on location	✓
Place the blasting sign out (300 ft. minimum) & in the front windshield of the perf truck	✓
Designate an area to make up guns (authorized personnel only)	✓
Put out ground lines	✓
Conduct a stray current check with Blasters Safety Meter, if more than .25v eliminate the source	✓
Engineer and crew ensure all cell phones, generators and/or other electronic devices are turned off PRIOR to arming guns	✓
When capping, ALWAYS have key in safe position and out of the shooting panel (key in pocket)	✓
Engineer MUST have visual contact with the frac supervisor giving the okay to arm guns	✓
Remove all shipping stickers on guns before going into wellbore	✓
Blasting sleeve MUST be used when capping up	✓
Always arm guns Electrically first, then Ballistically	✓
DO NOT come out of safe mode until 200 ft below surface; return to safe mode when coming out of the wellbore (200 ft below surface); Always assume the gun is live until it is verified otherwise	✓
NEVER check fire through a gun or near vented well gas (wellhead, flow-line or annulus)	✓
NEVER check fire with detonators in the designated explosive area	✓
NEVER check fire without being in the line of sight	✓
NEVER top fire HSC gun	✓
NO welding on site during explosive operations	✓
Top sheave and rig equipment MUST have fender cover to minimize water, grease and debris from being spread across location	✓
Superior Well Services PPE Policy MUST be followed while on location	✓
NO SMOKING on location; NO SMOKING within a 100ft minimum distance of flammables and/or explosives	✓
NEVER proceeded with explosive operations when lightning is in sight	✓
If you believe that a procedure cannot be performed safely, DO NOT do it.	✓

**THIS FORM IS TO BE SUBMITTED WITH YOUR FIELD TICKETS
DAILY FOR AUDITING PURPOSES.**

Engineer/Operator Signature _____

Date: 3/7/12

SUPERIOR WELL SERVICES

PRIDE IN PERFORMANCE

CUSTOMER NOBLE		DATE 03-07-12	INVOICE NUMBER 7313
LEASE NAME B&M 22-05		JOB TYPE TA-6 / cel	JOB DURATION (CALLOUT TO RETURN)
SERVICE ENGINEER HOBBS		ACTUAL MILEAGE ROUND TRIP	
FOOTAGE	CEMENT	PROPPANT	ACID
OPERATOR / UNIT		OPERATOR / UNIT	OPERATOR / UNIT
OPERATOR / UNIT		OPERATOR / UNIT	OPERATOR / UNIT
OPERATOR / UNIT		OPERATOR / UNIT	OPERATOR / UNIT

CUSTOMER			SUPERIOR	
YES	NO		YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Was the appearance of the personnel and equipment satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Was the job performed in a professional manner?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Were the calculations prepared and explained properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Were the correct services dispatched to the job site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Were the services performed as requested?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did the job site environment remain unchanged?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did the equipment perform in the manner expected?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did the materials meet your expectations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Was the crew prepared for the job?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Was the crew prompt in the rig-up and actual job?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Were reasonable recommendations given, as requested?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did the crew perform safely?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Was this job performed to your satisfaction?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

CUSTOMER'S AGENT

ADDITIONAL COMMENTS

815



SUPERIOR WELL SERVICES

SALES AND SERVICE FIELD TICKET

TICKET NO. 45- 007413

SERVICE DATE 3-8-12

TICKET PAGE 1 of 1

CHARGE TO NOBLE		LEASE NAME OR PROJECT B+M 22-05	
ADD: Noble Energy, Inc. 2115 117th Avenue Greeley, CO 80634		COUNTY Weld	STATE Colo
OWN:		FIELD Wattenberg	WELL PERMIT NUMBER 05-123-23376
		SERVICE ENGINEER Chuck Briggs	

PURCHASE ORDER / REFERENCE 999999	JOB TYPE PLUG	CALLED OUT TIME 9:15 DATE 3-8	ON LOCATION TIME 9:30 DATE 3-8	COMPLETED TIME 4:00 DATE 3-8
---	-------------------------	---	--	--

SIGNATURE OF CUSTOMER OR CUSTOMER'S AGENT (PLEASE PRINT NAME HERE) **Eric Zwargstra**
X **Eric Zwargstra**
I have read, understood and agreed to the terms and conditions printed on the reverse side hereof which include, but are not limited to, LIMITED WARRANTY, INDEMNITY, RELEASE and PAYMENT and represent that I have full power and authority to execute this agreement.

LOC	PRICE REFERENCE	AMOUNT	DESCRIPTION	UNIT COST	TOTAL COST
45	70 200 9998		Fuel Surcharge		
45	70 255 0100	ONE	Pack-off		
45	70 299 3000	ONE	Set & Supply		
45	70 299 0200	7630	DUMP Bailer		
45	75 805 0065	-	3 1/8 SLICK GUN 20 SHOTS		
45	75 815 0065	40	3 1/8 SLICK GUN ADD SHOTS 40		
45	75 815 1111	ONE	Select Five 2 Selections		
			Perf 7584-7590 12 shots		
			7513-7525 24 Shots		
			7488-7500 24 SHOTS		
			73" E.H.		
			76" Penn.		
			20 gram Charge		
			120° Phase		
			2 SPET		
			Fry, Smith		

CUSTOMER OR AGENT SIGNATURE X Eric Zwargstra	Subtotal
I acknowledge that the equipment, materials and services as listed on this filed ticket were received.	Bal Due

Unless satisfactory credit terms have been established prior to services payment in advance may be required. All invoices rendered for services performed by Superior Well Services shall be paid as indicated on the invoice within thirty days (30) from date of receipt. If not paid within thirty (30) days the unpaid amount is subject to interest at one and one half percent (1 1/2%) per month (eighteen percent per annum). All discounts indicated on the invoice are based upon payment within the invoice payment term and are subject to being cancelled by Superior Well Services if not paid within terms. If it should be necessary to employ an attorney to collect the amount due, you will be held liable for attorneys' fees and collection costs. Superior Well Services, price book is incorporated herein by reference, which also contains all invoice payment terms.

Main—White

Customer—Canary

Field—Pink

24 HR. EMERGENCY CONTACT: ChemTrek 800-424-9300

SUPERIOR WELL SERVICES

□ 12670 WCR 25 1/2
Ft. Lupton, CO 80621
(970) 785-6575

15581 Hwy. 14
Sterling, CO 80751
(970) 526-1084

Explosive Shipping/Transport & Other Hazardous Material

Date: 3-8-12 District: 45 Vehicle No.: 1838 Ticket No.:
Destination: B-m 22-05 State: colorado County: WELD
Routing: WCR 41-28 E-5 SOUTH INTO-
Engineer's Number: 1-075-2772 Engineer's Name: Briggs

HM	Item	Proper Shipping Name	n.e.c. per unit	Number Units Out	Number Units In	Net Weight Out	Net Weight In
	1	Charges, Shaped, Commercial, 1.4S, UN0441, II (STD)	g.			kg.	kg.
		Charges, Shaped, Commercial, 1.4S, UN0441, II	g.			kg.	kg.
	2	Charges, Shaped, Commercial, 1.4D, UN0440, II (EXP)	g.			kg.	kg.
		Charges, Shaped, Commercial, 1.4D, UN0440, II	g.			kg.	kg.
	3	Charges, Shaped, Commercial, 1.1D, UN0059, II (Cutters)	g.			kg.	kg.
	4	Cord, Detonating, 1.4D, UN0289, II	gr./ft.	ft.	ft.	kg.	kg.
		Cord, Detonating, 1.4D, UN0289, II	gr./ft.	ft.	ft.	kg.	kg.
	5	Detonators, Electric, 1.4S, UN0255, II (UBFD)	1 g.	3	20	.003 kg.	.002 kg.
		Detonators, Electric, 1.4S, UN0456, II (OWEN)	g.			kg.	kg.
	6	Cartridge, Power Device, 1.4S, UN0323 (Slo-set)	500 g.	1		.500 kg.	kg.
	7	Flammable Solid, Organic, N.O.S., (Ammonium Perchlorate Mixture), 4.1, UN1325, II (Std)	g.			kg.	kg.
	8	Flammable Solid, Organic, N.O.S., (Strontium Nitrate/Potassium Perchlorate Mixtures) 4.1, UN1325, II	g.			kg.	kg.
	9	Igniters, 1.4S, UN0454, II (Baker Primary)	1 g.	1		.001 kg.	kg.
		Igniters, 1.4S, UN0454, II (Baker Secondary)	1 g.	1		.001 kg.	kg.
	10	Igniters, 1.4G, UN0325, II (Owen)	g.			kg.	kg.

	Proper Shipping Name	Total Guns	Total Charges	n.e.c. per Charge	Total n.e.c.	Gross Wt. Guns & Charges Out	Gross Wt. Guns & Charges In
11	Jet Perforating Gun, charged oil well, without detonator, 1.4D, UN0494, II	5	60	20	2.81	209.38	
12	Jet Perforating Gun, charged oil well, without detonator, 1.4D, UN0494, II						

	Proper Shipping Name	Quantity per Unit in Liters	Number of Units Out	Number of Units In
13	Bromine Trifluoride, 5.1, UN1746, I DOT E-7879 Poison Inhalation Hazard, Zone B			

This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled in proper condition for transportation according to the applicable regulations of the Department of Transportation.

Chuck Briggs
Signature of Superior employee preparing shipment

Date of Disposition	Explosive Manufacturer's Name	Quantity	Explosive Description and Size
3-8-12	OWEN	60	3375-301 Big Hole Charges
3-8-12	Austin Powder	3	A-140-F5
3-8-12	Fire Ling	26	80 RDX



Cased Hole Wire-Line Safety Checklist

Version: 7-20-07



This form is to be used while auditing cased hole supervisors and their crews. If an item was not completed a counseling session on proper job procedures will be given by the local manager with the supervisor and employees the audit was conducted on.

<i>Task Set plug + Perf</i>	CHECK
Convoy of perf trucks MUST travel together at all times (shop-to-shop)	✓
Shipping papers MUST be completed and carried at all times while transporting explosives	✓
Complete a formal documented safety meeting before each job (Jobsite EEP Form)	✓
Check for power lines and RF antennas	✓
Check and identify any dangerous situations on location	✓
Place the blasting sign out (300 ft. minimum) & in the front windshield of the perf truck	✓
Designate an area to make up guns (authorized personnel only)	✓
Put out ground lines	✓
Conduct a stray current check with Blasters Safety Meter, if more than .25v eliminate the source	✓
Engineer and crew ensure all cell phones, generators and/or other electronic devices are turned off PRIOR to arming guns	✓
When capping, ALWAYS have key in safe position and out of the shooting panel (key in pocket)	✓
Engineer MUST have visual contact with the frac supervisor giving the okay to arm guns	N/A
Remove all shipping stickers on guns before going into wellbore	✓
Blasting sleeve MUST be used when capping up	✓
Always arm guns Electrically first, then Ballistically	✓
DO NOT come out of safe mode until 200 ft below surface; return to safe mode when coming out of the wellbore (200 ft below surface); Always assume the gun is live until it is verified otherwise	✓
NEVER check fire through a gun or near vented well gas (wellhead, flow-line or annulus)	✓
NEVER check fire with detonators in the designated explosive area	✓
NEVER check fire without being in the line of sight	✓
NEVER top fire HSC gun	✓
NO welding on site during explosive operations	✓
Top sheave and rig equipment MUST have fender cover to minimize water, grease and debris from being spread across location	N/A
Superior Well Services PPE Policy MUST be followed while on location	✓
NO SMOKING on location; NO SMOKING within a 100ft minimum distance of flammables and/or explosives	✓
NEVER proceeded with explosive operations when lightning is in sight	✓
If you believe that a procedure cannot be performed safely, DO NOT do it.	✓

**THIS FORM IS TO BE SUBMITTED WITH YOUR FIELD TICKETS
DAILY FOR AUDITING PURPOSES.**

Engineer/Operator Signature *Eric Smith*

Date: 3-8-12

Company Name: <u>Noble Energy</u>	Job Type: <u>Casedhole Perf</u>	 
Lease Name & #	Supervisor(s): <u>Chuck Briggs</u>	
Well Location:	Service Coordinator:	

Required and / or Recommended Personal Protection Equipment:

Hard Hat / Steel Toe Boots / Safety Glasses (Clear at night and early morning) / Ear Plugs / Coveralls / Gloves

A. Sequence of Basic Job Steps	B. Potential Hazards	C. Recommended
Fill out JSA and observe	Explosives	turn off
Location	well pressure	and radi
Safety meeting	tubing on the ground	watch
Rig up	hard lines from pump	think
Run in plug	to well	watch
dump cement	cable line	and othe
test casing	top and bottom sheaves	take yo
Perf	Rig beam	wear yo
Rig down	Sprinkler by well	
Review		
Leave		

KEY TOPICS IN ADDITION TO "JSA" - MUST BE DISCUSSED

TOP JOB PRESSURE: (IF APPLICABLE)

ENSURE APPROPRIATE PREVENTATIVE MEASURES HAVE BEEN TAKEN AND APPROPRIATE CHECKS HAVE BEEN MADE (DO NOT START

MORE DETAILED DISCUSSION OF ARMING AREA & HAZARDS ASSOCIATED WITH PERFORATING GUN ARMING

DISCUSS DESIGNATED AREA AND APPROPRIATE JOB ASSIGNMENTS-ONLY AUTHORIZED EMPLOYEES IN ARMING AREA/HANDLING E)

DISCUSS SAFETY MEETING AREA (DESIGNATE SAFETY VEHICLE AND DRIVER)

ENSURE CLOSEST HOSPITAL IS IDENTIFIED (OBTAIN GPS COORDINATES IF POSSIBLE) FOR EMERGENCY SERVICES PRIOR TO START

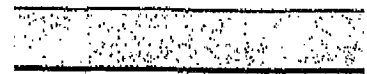
REVIEW PPE IN DETAIL (ADDITIONAL JOB-TASK SPECIFIC REQUIRED PPE SHOULD BE REVIEWED IN ADDITIONAL JSA)

IDENTIFY DESIGNATED SMOKING AREA

SA	Date: 3-8-12
	Analysis By:
	Reviewed By:
	Approved By:

ended Safe Procedures

all cell phones
 as
 where you walk
 ahead
 out for yourself
 re
 ur time
 ur PPE



JOB UNTIL THEY ARE)
 (PLOSIVES
 OF JOB

SUPERIOR WELL SERVICES

PRIDE IN PERFORMANCE

CUSTOMER NOBLE ENERGY		DATE 3/8/12	INVOICE NUMBER 45-007413	
LEASE NAME B+M 22-05		JOB TYPE PLUG		JOB DURATION (CALLOUT TO RETURN)
SERVICE ENGINEER CHUCK BRIGGS			ACTUAL MILEAGE ROUND TRIP	
FOOTAGE	CEMENT	PROPPANT	ACID	PERFORATIONS
OPERATOR / UNIT	OPERATOR / UNIT	OPERATOR / UNIT	OPERATOR / UNIT	
OPERATOR / UNIT	OPERATOR / UNIT	OPERATOR / UNIT	OPERATOR / UNIT	
OPERATOR / UNIT	OPERATOR / UNIT	OPERATOR / UNIT	OPERATOR / UNIT	

CUSTOMER			SUPERIOR	
YES	NO	Was the appearance of the personnel and equipment satisfactory?	YES	NO
YES	NO	Was the job performed in a professional manner?	YES	NO
YES	NO	Were the calculations prepared and explained properly?	YES	NO
YES	NO	Were the correct services dispatched to the job site?	YES	NO
YES	NO	Were the services performed as requested?	YES	NO
YES	NO	Did the job site environment remain unchanged?	YES	NO
YES	NO	Did the equipment perform in the manner expected?	YES	NO
YES	NO	Did the materials meet your expectations?	YES	NO
YES	NO	Was the crew prepared for the job?	YES	NO
YES	NO	Was the crew prompt in the rig-up and actual job?	YES	NO
YES	NO	Were reasonable recommendations given, as requested?	YES	NO
YES	NO	Did the crew perform safely?	YES	NO
YES	NO	Was this job performed to your satisfaction?	YES	NO

CUSTOMER'S AGENT	
ADDITIONAL COMMENTS NO COMPANY MAN ON LOCATION	