

CEMENT JOB REPORT



CUSTOMER PETROLEUM DEVELOPMENT			DATE 17-JAN-14		F.R. # 10011039628		SERV. SUPV. JASON L SJOBERG						
LEASE & WELL NAME PHILLIS #1 - API 05123142400000			LOCATION 25-5N-65W			COUNTY-PARISH-BLOCK Weld Colorado							
DISTRICT Brighton			DRILLING CONTRACTOR RIG # W/O			TYPE OF JOB Squeeze-Top							
SIZE & TYPE OF PLUGS		LIST-CSG-HARDWARE		MECHANICAL BARRIERS		MD	TVD	HANGER TYPES	MD	TVD			
None		No Shoe											
MATERIALS FURNISHED BY BJ				LAB REPORT NO.		PHYSICAL SLURRY PROPERTIES							
						SACKS OF CEMENT	SLURRY WGT PPG	SLURRY YLD FT ³	WATER GPS	PUMP TIME HR:MIN	Bbl SLURRY	Bbl MIX WATER	
Fresh Water						0	8.34	0	0	03:30	1		
Treated Water						0	8.3	0	0		10		
G Neat						300	15.8	1.15	5.00	04:00	61.34	35.70	
MudClean I						0	8.34	0	0		12		
Treated Water						0	8.34	0	0		10		
Available Mix Water 100 Bbl.				Available Displ. Fluid 100 Bbl.		TOTAL				94.34	35.70		
HOLE			TBG-CSG-D.P.					COLLAR DEPTHS					
SIZE	% EXCESS	DEPTH	ID	OD	WGT.	TYPE	MD	TVD	GRADE	SHOE	FLOAT	STAGE	
12	0	497	2.992	3.5	9.2	CSG	497	497	P-110			0	
			1.278	1.66	3.02	TBG	497	497	N-80				
LAST CASING			PKR-CMT RET-BR PL-LINER			PERF. DEPTH			TOP CONN		WELL FLUID		
ID	OD	WGT	TYPE	MD	TVD	BRAND & TYPE	DEPTH	TOP	BTM	SIZE	THREAD	WGT.	
8.1	8.63	24	CSG	227	227	No Packer	0	0	0	1.66	8 RND	8.34	
DISPL. VOLUME		DISPL. FLUID		CAL. PSI		CAL. MAX PSI		OP. MAX		MAX TBG PSI		MAX CSG PSI	
VOLUME	UOM	TYPE	WGT.	BUMP PLUG	TO REV.	SQ. PSI	RATED	Operator	RATED	Operator	MIX WATER		
0.8	BBLS			0	0	0	9440	1000	0	0	Truck		
Circulation Prior to Job													
Circulated Well: Rig <input checked="" type="checkbox"/> BJ <input type="checkbox"/>						Circulation Time: 1			Circulation Rate: 3 BPM				
Mud Density In: 8.34 LBS/G						Mud Density Out: 8.34 LBS/GAL			PV & YP Mud In: 0			PV & YP Mud Out: 0	
Gas Present: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> Units:						Solids Present at End of Circulation: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>							
Displacement And Mud Removal													
Displaced By: Rig <input type="checkbox"/> BJ <input checked="" type="checkbox"/>						Amount Bled Back After Job: 0 BBLS							
Returns During Job: <input type="checkbox"/> NONE <input type="checkbox"/> PARTIAL <input checked="" type="checkbox"/> FULL						Method Used to Verify Returns: Visual							
Cement Returns at Surface: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						Were Returns Planned at Surface: <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES							
Pipe Movement: <input type="checkbox"/> ROTATION <input checked="" type="checkbox"/> RECIPROICATION <input type="checkbox"/> NONE <input type="checkbox"/> UNABLE DUE TO STUCK PIPE													
Centralizers: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES						Quantity:		Type: <input type="checkbox"/> BOW <input type="checkbox"/> RIGID					
Job Pumped Through: <input type="checkbox"/> CHOKE MANIFOLD <input type="checkbox"/> SQUEEZE MANIFOLD <input type="checkbox"/> MANIFOLD <input checked="" type="checkbox"/> NO MANIFOLD													
Plugs													
Number of Attempts by BJ: 0						Competition: 0		Wiper Balls Used: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES Quantity:					
Plug Catcher Used: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES						Parabow Used: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES							
Was There a Bottom: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES						Top of Plug: 0 FT			Bottom of Plug: 0 FT				
Squeezes (Update Original Treatment Report for Primary Job)													
BLOCK SQUEEZE <input type="checkbox"/>		SHOE SQUEEZE <input type="checkbox"/>		TOP OF LINER SQUEEZE <input type="checkbox"/>		PLANNED <input type="checkbox"/>		UNPLANNED <input type="checkbox"/>					
Liner Packer: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		Bond Log: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		PSI Applied: 0		Fluid Weight: 0 LBS/GAL							
Casing Test (Update Original Treatment Report for Primary Job)													
Casing Test Pressure: 0 PSI						With 0 LBS/GAL Mud		Time Held: 00 Hours 00 Minutes					
EXPLANATION: TROUBLE SETTING TOOL, RUNNING CSG, ETC. PRIOR TO CEMENTING: None													

CEMENT JOB REPORT



Shoe Test (Update Original Treatment Report for Primary Job)

Depth Drilled out of Shoe: 0 FT Target EMW: 0 LBS/GAL Actual EMW: 0 LBS/GAL
 Number of Times Tests Conducted: 0 Mud Weight When Test was Conducted: 0 LBS/GAL

Problems Before Job (I.E. Running Casing, Circulating Well, ETC)
 None

Problems During Job (I.E. Lost Returns, Equipment Failure, Bulk Delivery, Foaming, ETC)
 Loose connection on computer wiring on pump caused density to read erratically at times.

Problems After Job (I.E. Gas at Surface, Float Equipment Failed, ETC)
 None

PRESSURE/RATE DETAIL

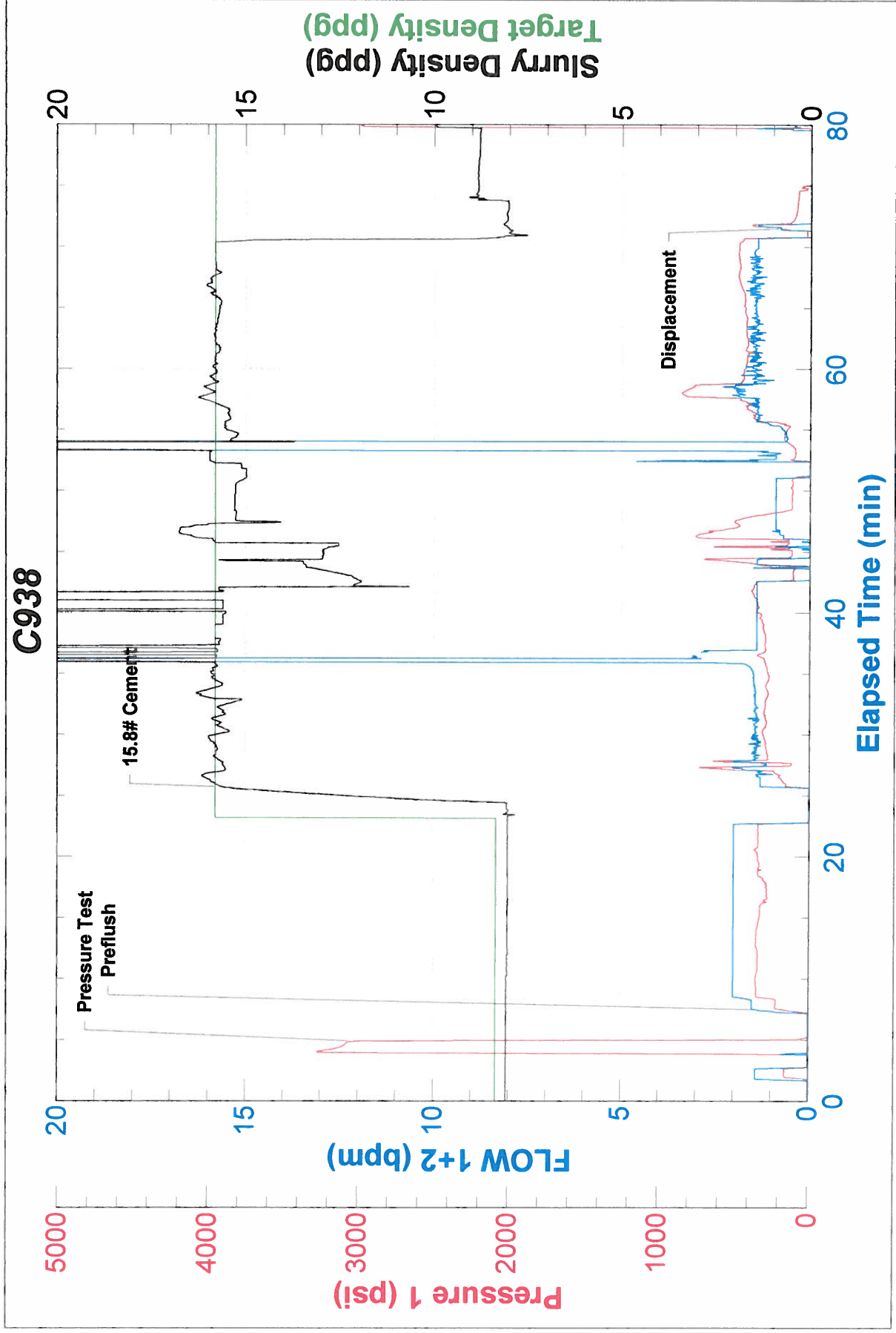
EXPLANATION

TIME HR:MIN.	PRESSURE - PSI		RATE BPM	Bbl. FLUID PUMPED	FLUID TYPE	SAFETY MEETING: BJ CREW <input checked="" type="checkbox"/> CO. REP. <input checked="" type="checkbox"/>	
	PIPE	ANNULUS				TEST LINES	3190 PSI
						CIRCULATING WELL - RIG	<input checked="" type="checkbox"/> BJ <input type="checkbox"/>
06:00	0	0	0	0	N/A	Yard Call	
09:05	0	0	0	0	N/A	Leave Yard	
09:50	0	0	0	0	N/A	Arrive on Location	
10:10	0	0	0	0	N/A	Spot Trucks/ Pre Rig-up Safety Meeting	
10:50	0	0	0	0	N/A	Safety Meeting	
11:23	3190	0	0	0	H2O	Pressure Test Pump and Lines	
11:25	360	0	2	10	H2O	Preflush Fresh Water	
11:31	257	0	2	12	H2O	Preflush Mud Clean I	
11:37	260	0	2	10	H2O	Preflush Fresh Water	
11:43	453	0	1.7	61	CMT	Batch, Weigh, Pump 15.8# G Cement	
12:25	250	0	.5	1	H2O	Displacement	
12:30	0	0	0	0	N/A	Post Job Safety Meeting	

BUMPED PLUG	PSI TO BUMP PLUG	TEST FLOAT EQUIP.	BBL.CMT RETURNS/ REVERSED	TOTAL BBL. PUMPED	PSI LEFT ON CSG	SPOT TOP OUT CEMENT	Service Supervisor Signature:
Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	0	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	3	122	0	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	



Baker Hughes JobMaster Program Version 3.60
Job Number: 10011039628
Customer: PDC
Well Name: Phillis 1



WALTER CORPORATION

Walter Corporation, LLC 33250 CR 53 Gill, CO 80624 Office: 970.301.2028 Fax: 970.284.6682

Field Ticket # **Nº 10765**
10765
Date 1/16/2014

Bill To Customer:	P D C	PO#	Lease Name:	Phillis	Well #	1
Address:	3801 Carson Ave		County:	Weld St:	CO	Invoice\
City:	Evans	Field:	Job Type:		OCSG #:	
State:	CO	Zip:	80620	Casing Sz & Wt:		
Ordered By:		Legal Description:	Service Man			

NO.	RENTALS/SALES	QTY	PRICE	DSC	TOTAL
1	Sale of 3-1/2 D & H CIBP	1			\$
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
	Subtotal Taxable Charges				\$
	SERVICE MANS TIME				
					\$
	Subtotal Non-Taxable Charges				\$
	MILEAGE				
					\$
	Subtotal Non-Taxable Charges				\$

Terms: Net 30 Days

Total Service & Material:

Tax:

TOTAL CHARGES:

Authorized Agent:

Date:



Field Ticket # **Nº 10771**
10771
Date 1/16/2014

Sater Tools and Services LLC, 19708 CR 50.5, LaSalle CO 80645

Office 970-301-2028 Fax 970-284-7808

Bill To Customer:	P D C	PO#	Lease Name:	Phillis	Well #:	1
Address:	3801 Carson Ave		County:	Weld	St:	CO
City:	Evans	Field:	Job Type:		Invoice Ref. #:	
State:	CO	Legal Description:	Casing Sz & Wt:	3-1/2 9.3#	OCSG #:	
Zip:	80620		Service Man:	MERCED TERRAZAS		
Ordered By:	Chad Sailor	47+54 E.3S.1Winto				

NO.	RENTALS/SALES	QTY	PRICE	DSC	TOTAL
1	Rental of 3-/2 casing scraper	1			
2	Rental of 1-1/4 reg pin x N-road box	1			
3	Rental of 1-1/4 reg box x 2-1/16 cs box	1			
4	Rental of 2-1/16 cs pin x 2-3/8 cs box	2			
5	Rental of 2-7/8 blade bit	1			
6	Rental of 2-1/16 & 1-1/4 LYT elevators	2			
7	Rental of 2-3/8 cs pin x 2-3/8 8rd box	2			
8	Rental of 3-1/2 WLTC retrievable bridge plug set with 208 15' out @ 6489.83	1			
9	Minimum 1st to 5 day rental on bridge plug	1			
10	Rental of 2-1/16 10rd pin x 2-3/8 cs box	1			
11					
12	Rental of 2-3/8 MYT elevators	1			
13					
14	Sale of 20/40 silica sand	1			
Subtotal Taxable Charges					\$
SERVICE MANS TIME					
	Service mans time	1			
Subtotal Non-Taxable Charges					
MILEAGE					
	Mileage	20			
	Mileage	20			
Subtotal Non-Taxable Charges					

Terms: Net 30 Days

Total Service & Material:

Tax:

TOTAL CHARGES:

Authorized Agent:

Date:



NABORS

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

FIELD TICKET No. **20127**

DELIVERED FROM _____
 DATE 1-20-14

CUSTOMER NO.	LEASE <i>Phillips</i>	WELL NO.	INVOICE NO.
CUSTOMER <i>P.D.C.</i>	FIELD <i>Wathbury</i> STATE <i>CO</i> COUNTY <i>Weld</i>		
ADDRESS	LOCATION <i>WIP 54545</i>	P.O. NO.	
CITY	CASING SIZE & WT. <i>3 1/2"</i>	TBG. SIZE	AFE NO.
STATE	TYPE OF JOB <i>CBL</i>		
ORDERED BY <i>Sailor</i>	TITLE	SERVICE SUPV.	

PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	DISC.	AMOUNT
45702101111	Service Charge					
45702100200	CBL Depth Charge					
45702009998	Fuel Charge					

Thank You Chad

TOTAL SERVICE & MATERIALS		
TAX %	ST.	TAXABLE AMT.
TOTAL CHARGES		

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

Employee Name (Print)

John M. Shane K. Adam F.

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.

*ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED

[Signature]
 NABORS COMPLETION & PRODUCTION SERVICES CO.

[Signature]
 CUSTOMER REPRESENTATIVE