

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

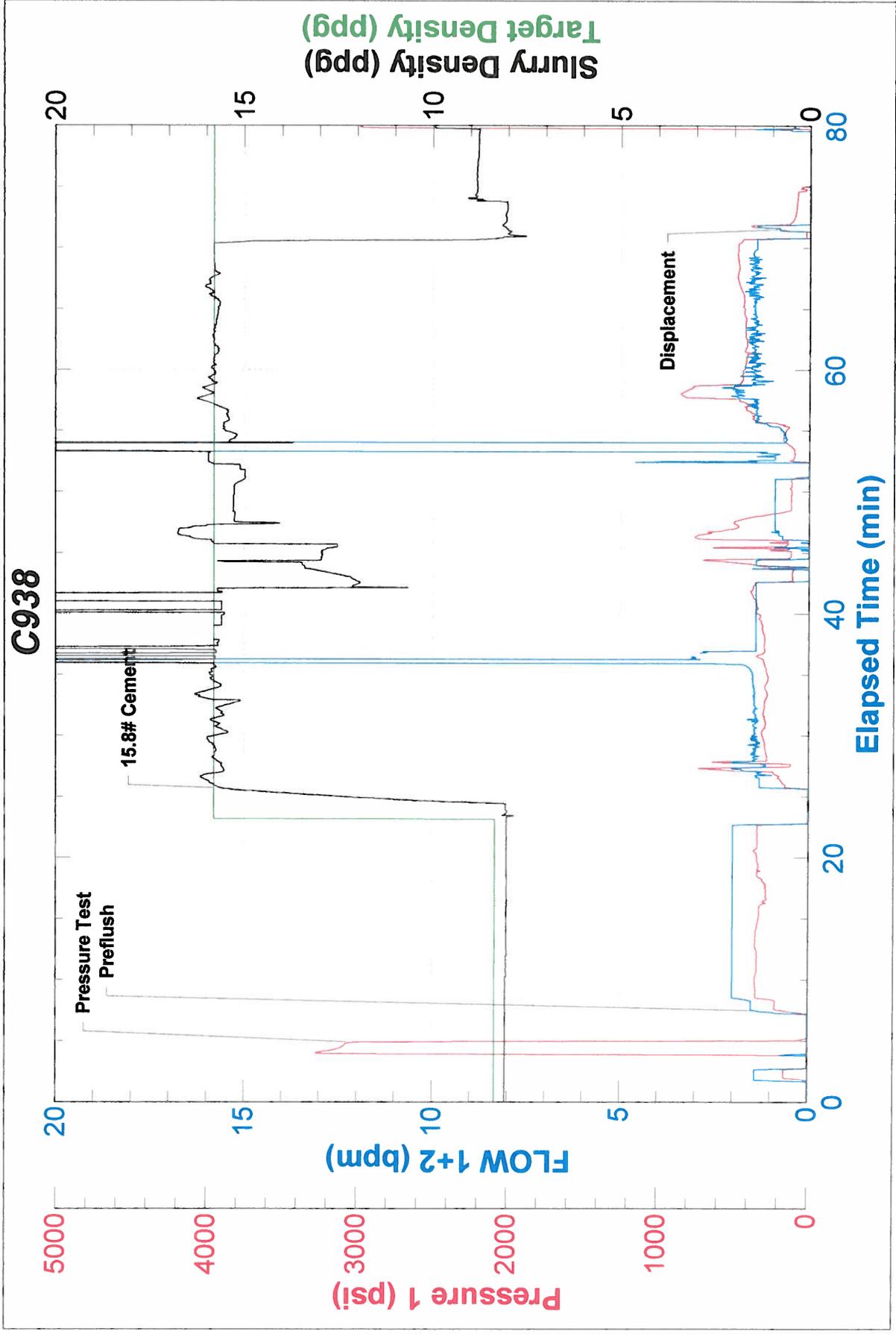
Problems During Job (I.E. Lost Returns, Equipment Failure, Bulk Delivery, Foaming, ETC)
 Loose connection on computer wiring on pump caused density to read erratically at times.

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

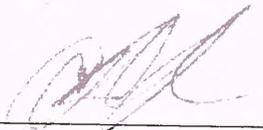
Field Ticket # **Nº 10765**
 10765
 Date 1/16/2014

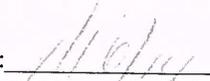
Bill To Customer:	P D C	PO#	Lease Name:	Phillis	Well #	1
Address:	3801 Carson Ave		County:	Weld	St:	CO
City:	Evans	Field:	Job Type:		Invoice \	
State:	CO	Zip:	80620	Legal Description:	Casing Sz & Wt:	OCSG #:
Ordered By:				Service Man		

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: 



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 <u>Phillips</u>	WELL NO.	INVOICE NO.
CUSTOMER <u>P.D.C.</u>	FIELD <u>Wathuber</u> STATE <u>CO</u>	COUNTY <u>Weld</u>	
ADDRESS	LOCATION <u>WIR 54547</u>	P.O. NO.	
CITY	CASING SIZE & WT. <u>3 1/2"</u>	TBG. SIZE	AFE NO.
STATE	TYPE OF JOB <u>CBL</u>		
ORDERED BY <u>Sailor</u>	TITLE	SERVICE SUPV.	

PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	DISC.	AMOUNT
45702101111	Service Charge					
45702170200	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

NABORS COMPLETION & PRODUCTION SERVICES CO.

CUSTOMER REPRESENTATIVE