



# NABORS

## FIELD TICKET NO.

## - 21951

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

DELIVERED FROM

DATE 12-31-13

INVOICE NO.	P.O. NO.	AFE NO.
CUSTOMER NO.	LEASE <u>Evans Industrial Park #2</u>	WELL NO.
CUSTOMER <u>Noble</u>	FIELD <u>Wattenberg STATE Colb</u>	COUNTY <u>weld</u>
ADDRESS	LOCATION <u>Evans, 44th + Industry Park, E + N into</u>	
CITY	CASING SIZE & WT. <u>4 1/2"</u>	TBG. SIZE
STATE	ZIP	TYPE OF JOB <u>Plug</u>

ORDERED BY Ryan Beam TITLE Brackelsberg SERVICE SUPV.

PART NO.	DESCRIPTION	REV CODE	QTY.	UNIT PRICE	DISC.	AMOUNT
<u>45-70-255-D10</u>	<u>PACK OFF</u>					
<u>0032</u>	<u>FLANGE</u>					
<u>75-820-0045</u>	<u>set 4 1/2" CIBP @ 6978</u>					
<u>70-299-0200</u>	<u>Dump 2-5X Pennel 010 CIBP @</u>		<u>6978</u>			
<u>200-9998</u>	<u>Fuel Surcharge</u>					

CALLED OUT <u>6:00A</u> Time Date	ON LOCATION <u>7:00A</u> Time Date	COMPLETED Time Date	TOTAL SERVICE & MATERIALS TAX % TAXABLE ST. AMT.	TOTAL CHARGES
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WITH MY INITIALS, I CONFIRM THAT THE TIME SHOWN IN THE "HOURS" COLUMN, ACCURATELY REFLECTS MY COMPENSABLE TIME.

Employee Name (Print)	Hours	Initials	Employee ID No.
<u>Chris Stroppel</u>			
<u>Brian Harder</u>			

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, Nabors Completion & Production Services Co. did permit me to eat while working.

\*ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED

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.

NABORS COMPLETION & PRODUCTION SERVICES CO.

CUSTOMER REPRESENTATIVE



# NABORS

## FIELD TICKET NO.

## 21953

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

DELIVERED FROM

DATE

1-2-14

INVOICE NO.	P.O. NO.	AFE NO.
CUSTOMER NO.	LEASE <i>Evans Industrial Park 02</i>	WELL NO.
CUSTOMER <i>Noble</i>	FIELD <i>Wattenburg</i> STATE <i>Co</i>	COUNTY <i>weld.</i>
ADDRESS	LOCATION	
CITY	CASING SIZE & WT. <i>4 1/2"</i>	TBG. SIZE
STATE	ZIP	TYPE OF JOB <i>Pipe Recov.</i>

ORDERED BY <i>Ryan Beam</i>	TITLE <i>Brackelberg</i>	SERVICE SUPV.
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PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	DISC.	AMOUNT
<i>45-70-255-DV00</i>	<i>PACK OFF EQUIP.</i>					
<i>250 0003</i>	<i>4 1/2 INCH COLLAR BUSTER</i>	<i>Surf to</i>	<i>3486</i>			
<i>00008</i>	<i>Depth Chg</i>	<i>Surf to</i>	<i>3486</i>	<i>.30</i>		
<i>200-9990</i>	<i>Fuel Surcharge</i>					

*Thank You*

CALLED OUT <i>7:00</i> Time Date	ON LOCATION <i>8:30p</i> Time Date	COMPLETED Time Date	TOTAL SERVICE & MATERIALS TAX % TAXABLE ST. AMT. TOTAL CHARGES
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WITH MY INITIALS, I CONFIRM THAT THE TIME SHOWN IN THE "HOURS" COLUMN, ACCURATELY REFLECTS MY COMPENSABLE TIME.

Employee Name (Print)	Hours	Initials	Employee ID No.
<i>Chris Stroppel</i>			
<i>Ryan Beam</i>			

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Bison Oil Well Cementing, Inc  
 1738 Wynkoop St., Ste. 102  
 Denver, CO 80202  
 303-296-3010  
 www.Bisonoilwell.com

**Cementing Customer Satisfaction Survey**

Service Date 1-3-14 Invoice Number 12612  
 Invoice Amount \_\_\_\_\_ Well Permit Number \_\_\_\_\_  
 Well Name EVANS Industrial Pkwy Well Type Gas  
 Well Location EVANS Co. Well Number 2  
 County Weld Lease \_\_\_\_\_  
 SEC/TWP/RNG 30-5N-65W Job Type P/A  
 State Colo. Company Name Noble  
 Supervisor Name CALVIN REIMERS Customer Representative BRYAN  
 Customer Phone Number \_\_\_\_\_

Employee Name Exposure Hours (Per Employee)  
Pablo S. \_\_\_\_\_  
Tim V. \_\_\_\_\_  
Keith P. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Total Exposure Hours \_\_\_\_\_ Did we encounter any problems on this job? Yes  No

**To Be Completed By Customer**

- |  |                         |
|--|-------------------------|
| <b>Rating/Description</b>  | <b>Opportunity</b>      |
| 5 - Superior Performance ( Established new quality / performance standards )       | Best Practices          |
| 4 - Exceeded Expectations ( Provided more than what was required / expected )      | Potential Best Practice |
| 3 - Met Expectations ( Did what was expected )                                     | Prevention/Improvement  |
| 2 - Below Expectations ( Job problems / failures occurred [ * Recovery made ] )    |                         |
| 1 - Poor Performance ( Job problems / failures occurred [ * Some recovery made ] ) |                         |
- \* Recovery: resolved issue(s) on jobsite in a timely and professional manner

RATING / CATEGORY	CUSTOMER SATISFACTION RATING
<u>5</u> Personnel -	Did our personnel perform to your satisfaction ?
<u>5</u> Equipment -	Did our equipment perform to your satisfaction ?
<u>5</u> Job Design -	Did we perform the job to the agreed upon design ?
<u>5</u> Product / Material -	Did our products and materials perform as you expected ?
<u>5</u> Health & Safety -	Did we perform in a safe and careful manner ( Pre / post mtgs, PPE, TSMR, etc.. ) ?
<u>5</u> Environmental -	Did we perform in an environmentally sound manner ( Spills, leaks, cleanup, etc.. ) ?
<u>5</u> Timeliness -	Was job performed as scheduled(On time to site, accessible to customer,completed when expected)?
<u>5</u> Condition / Appearance -	Did the equipment condition and appearance meet your expectation?
<u>5</u> Communication -	How well did our personnel communicate during mobilization, rig up, and job execution?
Improvement -	What can we do to improve our service?

**Please Circle:**  
 Yes / No - Did an accident or injury occur?  
 Yes / No - Did an injury requiring medical treatment occur?  
 Yes / No - Did a first-aid injury occur?  
 Yes / No - Did a vehicle accident occur?  
 Yes / No - Was a post-job safety meeting held?  
 Additional Comments:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please Circle:**  
 Yes / No - Was a pre-job safety meeting held?  
 Yes / No - Was a job safety analysis completed?  
 Yes / No - Were emergency services discussed?  
 Yes / No - Did environmental incident occur?  
 Yes / No - Did any near misses occur?

THE INFORMATION HEREIN IS CORRECT -  
 \_\_\_\_\_  
 Customer Representative's Signature Date 1-3-14  
 Any additional Customer Comments or HSE concerns should be described on the back of this form



# BISON OIL WELL CEMENTING, INC.



1547 Gaylord Street  
 Denver, Colorado 80206  
 Phone: 303-296-3010  
 Fax: 303-298-8143  
 E-mail: bisonoil1@qwestoffice.net



INVOICE #  
 LOCATION  
 FOREMAN

12612  
 EVANS  
 Calvin Reimers

## TREATMENT REPORT

DATE	WELL NAME	SECTION	TWP	RGE	COUNTY
1-3-14	Evans Industrial Pkwy #2	30	5N	65W	Weld
BILL TO	CONSULTANT				
Noble	BRYAN				
OWNER	RIG NAME & NUMBER				
Noble	LEED 714				
MAILING ADDRESS	DISTANCE TO LOCATION		UNITS ON LOCATION		
	7 miles		3106/3211		
CITY	TIME REQUESTED		TIME ARRIVED ON LOCATION		
	8:30am		7:50am		
STATE, ZIP	TIME LEFT LOCATION				
	1:00 pm.				

### WELL DATA

HOLE SIZE	TUBING SIZE	PERFORATIONS
	2 3/8	
TOTAL DEPTH	TUBING DEPTH	SHOTS/FT
	3489	
CASING SIZE	TUBING WEIGHT	OPEN HOLE
	4.7	
CASING DEPTH	TUBING CONDITION	TREATMENT VIA
	Good	
CASING WEIGHT	PACKER DEPTH	
CASING CONDITION		
Max Rate		
Max Pressure	2500	

### Cement Makeup

Cement Blend	BFN III 3% BCCM-1.25 1/2 KDFLA-1		
Cement - Specs	lbs	Yield	Water Requirements
	15.2	1.27	5.89
Annulus Factor	Capacity Factor		
	.0039		

### TYPE OF TREATMENT

Surface Pipe     Production     Squeeze  
 MISC Pump     P&A

HYD HHP = RATE X PRESSURE / 40.8

% Excess  
 BBL to Pit


### DESCRIPTION OF JOB EVENTS

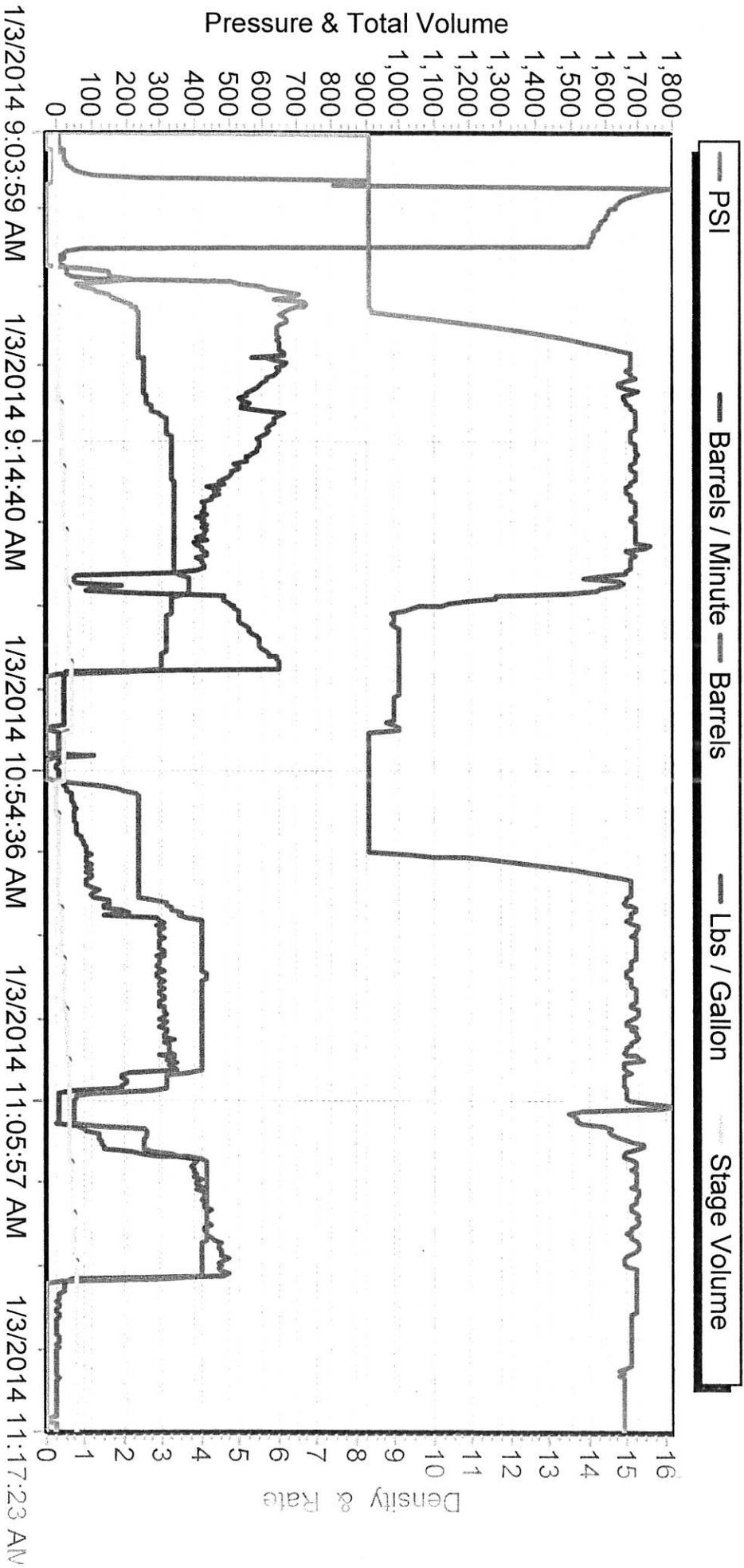
MIRU, Safety Meeting, Base test 1000 Psi, BREAK Cir, Mix + pump 100 sKs 22.62 bbls Slurry at 15.2 lbs  
 1.27 yield, Displace 10 bbls H2O to 3489', 2<sup>nd</sup> Plug, BREAK Cir, Mix + pump 490' to SURFACE,  
 Displace 1/2 bbls. wait to top off, Washup, Rig down,

X \_\_\_\_\_  
 Authorization To Proceed

\_\_\_\_\_ Title

X 1-3-14  
 Date

# M/D TOTCO 2000 SERIES



BISON OILWELL CEMENTING JOB SAFETY ANALYSIS WORKSHEET



ASK: Plug and Abandon	CEMENTER/SUPERVISOR: Calvin Reimers		PAGE 1	OF 3
NAME: Evans Industrial pkwy 2	RIG # Leed 714	LOCATION: Industrial pkwy + 44 st.	DATE: 1-3-14	
ATOR: Noble	CONSULTANT: Bryan		INVOICE # 12612	
EQUIRED: <input checked="" type="checkbox"/> Hard Hat <input checked="" type="checkbox"/> Safety Glasses <input checked="" type="checkbox"/> Steel Toe Boots <input checked="" type="checkbox"/> Impact Gloves	ADDITIONAL PPE (based on job specific hazards) <input type="checkbox"/> FR Coveralls <input type="checkbox"/> Reflective Vest	<input type="checkbox"/> Goggles <input type="checkbox"/> Faceshield <input type="checkbox"/> Chemical Resistant Gloves <input type="checkbox"/> Chemical Resistant Clothing	<input type="checkbox"/> Air Purifying Respirator <input type="checkbox"/> Supplied Air Respirator <input type="checkbox"/> Personal H2S Monitor <input type="checkbox"/> Personal Methane Monitor	REVIEWED BY
<b>JOB STEPS</b>	<b>POTENTIAL HAZARDS</b>	<b>RECOMMENDED ACTION OR PROCEDURE</b>		
Review JSA	Misunderstanding	Clarify job and associated hazards and safety concerns		CR
Conduct pre job safety meeting	Misunderstanding	-Hold safety meeting with all personnel on location, ensure everyone pays attention to ensure they understand their role and responsibility during the job -Review treatment report with consultant and attain signature for authorization to proceed -Identify and address short service employees (SSE) who are on location -Verify method of relaying hand signals to rig crew for shutting down mud pump		CR
Drive trucks in and rig up equipment	Other traffic on location, overhead lines, pinch points, heavy lifting, slips/falls	-Coordinate with well site supervisor for directions on where and when to park the equipment -All Bison crew members walk the location prior to driving in to access specific hazards -Utilize spotters when trucks are in motion -Establish buffer zone around equipment utilizing cones and caution tape -Cementer follows up to ensure connections are secure -Lift with your legs and use teamwork when rigging up -Utilize reflective vests and wands to increase visibility at night -Deploy spill berms and buckets -Verify connections on mudline for compatibility		CR
Use hose to rig floor	Overhead work, improper hook up/load not properly secured, miscommunication between ground personnel and the crane/tugger operator	-Inspect chains, slings, hooks prior to lift -Ensure line of sight with crane/tugger operator is maintained throughout the lift and hand signals are clarified before the lift. -Ensure no personnel are under suspended loads -Utilize tag line		CR
Attach swage to tubing/Connect to swage on pipe	Connections/equipment failing under pressure, spills, slips and falls	-Inspect swage has proper pressure rating for the job and falls within the parameters of the <i>Bison Oilwell Cementing Iron Inspection Program</i> -Verify the compatibility of the connections on a swage/pin provided by the rig -Minimize number of people on rig floor, utilize Bison personnel to attach cement lines -Be aware of surroundings when swinging a hammer		CR
Pressure test lines	Equipment failing under high pressures	-Ensure rig floor is clear and personnel are away from hoses prior to test -Establish buffer area around high pressure hoses -Lines are checked from a distance and using pressure gauges -Cementer ensures pressure gauges are working properly	Pressure relief valve set to: PSI- 2500 Max. pump pressure: PSI- 7500	CR
Test to: PSI- 1000 Maximum pressure allowed for job: PSI- 2500				

BISON OILWELL CEMENTING JOB SAFETY ANALYSIS WORKSHEET



**BISON**

<p>np Spacer/Mix and Pump ment</p>	<p>Serious injury from high pressure line failure or catastrophic equipment failure. Burns or skin irritation from splashing cement, uncontrolled spills</p>	<ul style="list-style-type: none"> <li>-Pressure test prior to job, utilize heavy duty hose hobbles and pressure relief valve</li> <li>-Keep rig floor and buffer area clear while pumping</li> <li>-Utilize proper PPE</li> <li>-Have access to water to rinse affected skin</li> <li>-Deploy spill berms and buckets</li> </ul>	<p>CR</p>
<p>placement</p>	<p>Unexpected pressure associated with resuming of pumping, serious injury from high pressure line failure catastrophic equipment failure, spills, overpressure of mudlines</p>	<ul style="list-style-type: none"> <li>-Ensure rig floor remains clear and non-essential personnel stay clear from buffer area</li> <li>-Pump operator monitors pump pressure constantly</li> <li>-Utilize proper PPE</li> <li>-During displacement ensure one mudline valve is always open</li> <li>-Review method of relaying hand signals to rig crew to engage/disengage mud pumps</li> </ul>	<p>CR</p>
<p>IT STEPS 7 AND 8 AS REQUIRED</p>			
<p>sh up / rig down</p>	<p>Splashing cement slurry, heavy lifting, pinch points, unsecured hoses</p>	<ul style="list-style-type: none"> <li>-Utilize stakes or portable tank manifold to secure hoses</li> <li>-Use proper lifting technique (2 man lift, lift with legs, plan your route)</li> </ul>	<p>CR</p>
<p>part location</p>	<p>Other traffic and personnel and location, overhead lines</p>	<ul style="list-style-type: none"> <li>-All Bison crew member walk the planned exit route to access possible obstacles and hazards</li> <li>-Utilize spotters while backing</li> </ul>	<p>CR</p>
<p>General Precautions/Stop Work</p> <ul style="list-style-type: none"> <li>-If you see a leaking connection, notify the cementer. Do not attempt to hammer up a leaking connection as there may be pressure on the lines.</li> <li>- Any person on location, regardless of their position or experience level has the authority and responsibility to stop the job if they witness an unsafe act or condition.</li> </ul>			
<p>R HAZARDS SPECIFIC TO LOCATION OR COMMENT NOT ADDRESSED ABOVE:</p>			
<p>NATED EMERGENCY MUSTER AREA: Lease Road to Rig</p>	<p>NEAREST EMERGENCY MEDICAL FACILITY (OTHER THAN 911): Greeley</p>		
<p>D COUNT-</p>			

