



Bison Oil Well Cementing

Customer: Noble
Well Name: Mosier 23-13F

Invoice # 13081
API#
Foreman: Monte Bede
Date 1/20/201

County: Weld

State: Colorado

Sec: 23

Twp: 4

Range: 66w

Consultant: Pete

Rig Name & Number:

Distance To Location: 6.4

Units On Location: 4027-3106

Time Requested: 10.30am

Time Arrived On Location: 10.00am

Time Left Location:

Plug Job

Well Data

OD Inches		
String Weight Per ft		
First Plug Sacks	30	
First Plug Depth	115	
Second Plug Sacks		
Second Plug Depth		
Third Plug Sacks		
Third Plug Depth		
Fourth Plug Sacks		
Fourth Plug Depth		
ID	#N/A	
First Plug Displacement	#N/A	bbl
Second Plug Displacement	#N/A	bbl
Thirst Plug Displacement	#N/A	bbl
Fourth Plug Displacement	#N/A	bbl
bbls of Spacer Ahead	5	bbls

First Plug Cement Data

Cement Name:	BFN111
Cement Density (lb/gal) :	15.2
Cement Yield (cuft) :	1.27
Gallons Per Sack:	5.89

Second Plug Cement Data

Cement Name:	BFN111
Cement Density (lb/gal) :	15.2
Cement Yield (cuft) :	1.27
Gallons Per Sack:	5.89

Third Plug Cement Data

Cement Name:	
Cement Density (lb/gal) :	
Cement Yield (cuft) :	
Gallons Per Sack:	

Fourth Plug Cement Data

Cement Name:	
Cement Density (lb/gal) :	
Cement Yield (cuft) :	
Gallons Per Sack:	

Displacement Fluid lb/gal:	8.3
Fluid Ahead (bbls):	15.0
H2O Wash Up (bbls):	20.0

bbls of Mix Water

First Plug bbls Mix Wate	4.2071 bbls
Second Plug bbls Mix Wat	0.0000 bbls
Third Plug bbls Mix Wate	0.0000 bbls
Fourth Plug bbls Mix Wat	0.0000 bbls

bbls of Slurry

First Plug bbls of Slurry	6.7856 bbls
Second Plug bbls of Slurry	0.0000 bbls
Third Plug bbls of Slurry	0.0000 bbls
Fourth Plug bbls of Slurry	0.0000 bbls

X

Authorized To Proceed

Customers hereby acknowledges and specifically agrees to the terms and condition on this work order, including, without limitation, the provisions on this work order.

CEMENT JOB REPORT



CUSTOMER NOBLE ENERGY INC - XML		DATE 19-JAN-15	F.R. # 10011133194	SERV. SUPV. Zachary Fagg	
LEASE & WELL NAME MOSIER #23-13F - API 05123163310000		LOCATION 23-4N-66W		COUNTY-PARISH-BLOCK Weld Colorado	
DISTRICT Brighton		DRILLING CONTRACTOR RIG # WO		TYPE OF JOB Plug & Abandon	
SIZE & TYPE OF PLUGS	LIST-CSG-HARDWARE	MECHANICAL BARRIERS	MD	TVD	HANGER TYPES MD TVD
NONE	NONE	NONE	0	0	NONE 0 0
PHYSICAL SLURRY PROPERTIES					
MATERIALS FURNISHED BY BJ	LAB REPORT NO.	SACKS OF CEMENT	SLURRY WGT PPG	SLURRY YLD FT ³	WATER GPS
Fresh Water		0	8.34	0	0 00:00
Fresh Water		0	8.3	0	0 00:00
Cement Slurry		100	15.8	1.15	4.99 03:30
Fresh Water		0	8.34	0	0 00:00
Class G Neat		500	15.8	1.15	5.00 03:30
Fresh Water		0	8.34	0	0 00:00
Available Mix Water 150 Bbl.		Available Displ. Fluid 150 Bbl.		TOTAL 157.67 71.38	
HOLE		TBG-CSG-D.P.			COLLAR DEPTHS
SIZE	% EXCESS	DEPTH	ID	OD	WGT.
10	0	2500	4	4.5	11.6
			TYPE		MD
			2500		2500
			P-110		GRADE
					SHOE
					FLOAT
					STAGE
					620
LAST CASING		PKR-CMT RET-BR PL-LINER		PERF. DEPTH	
ID	OD	WGT.	TYPE	MD	TVD
8.1	8.63	24	CSG	512	512
		BRAND & TYPE		DEPTH	
		NO PACKER		0 0 0	
				TOP	
				BTM	
				SIZE	
				2.375	
				8 RND	
				WATER BASED	
				WGT.	
				9	
DISPL. VOLUME		DISPL. FLUID		CAL. PSI	
VOLUME	UOM	TYPE	WGT.	BUMP PLUG	TO REV.
8.7	BBLS	Fresh Water	8.34	0	0
		Fresh Water	8.34		
				OP. MAX	
				SQ. PSI	
				RATED	
				Operator	
				MAX TBG PSI	
				MAX CSG PSI	
				RATED	
				Operator	
				MIX WATER	
				TRANSPOR T	
Circulation Prior to Job					
Circulated Well: Rig <input checked="" type="checkbox"/> BJ <input type="checkbox"/>			Circulation Time: 3		
Mud Density In: 9 LBS/GAL			Mud Density Out: 9 LBS/GAL		
PV & YP Mud In:			PV & YP Mud Out:		
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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO			Were Returns Planned at Surface: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		
Pipe Movement: <input type="checkbox"/> ROTATION <input type="checkbox"/> RECIPROCATION <input checked="" 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 type="checkbox"/> NO MANIFOLD					
Plugs					
Number of Attempts by BJ: 1			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: 2581 FT		
			Bottom of Plug: 2370 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



Problems Before Job (I.E. Running Casing, Circulating Well, ETC)

N/A

Problems During Job (I.E. Lost Returns, Equipment Failure, Bulk Delivery, Foaming, ETC)

Problems After Job (I.E. Gas at Surface, Float Equipment Failed, ETC)

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	3200 PSI
						CIRCULATING WELL - RIG <input checked="" type="checkbox"/> BJ <input type="checkbox"/>	
11:00	0	0	0	0	0	LEAVE THE OTHER LOCATION	
11:30	0	0	0	0	0	ARRIVE TO LOCATION	
11:40	0	0	0	0	0	SPOT TRUCK	
11:50	0	0	0	0	0	RIG UP MEETING	
12:30	0	0	0	0	0	START CLOCK	
12:20	0	0	0	0	0	SAFETY MEETING	
12:38	0	0	0	0	0	MAKE TOP CONNECTION	
12:45	130	0	1	2	H2O	LOAD LINE	
12:48	600	0	0	0	0	LOW PRESSURE TEST	
12:51	3200	0	0	0	0	PRESSURE TEST	
12:57	370	0	2.1	5	H2O	FRESH WATER SPACER	
13:00	0	0	0	0	0	SHUT DOWN TO BACH CEMENT	
13:10	130	0	2.9	8	CMT	CLASS G CMT @ 15.8# 40 SACKS	
13:15	300	0	2.8	13	H2O	DISPLACEMENT PRESSURE @ RATE	
13:22	0	0	0	0	0	SHUT DOWN BALANCE PLUG	
13:30	0	0	0	0	0	STOP CLOCK	
13:40	0	0	0	0	0	RIG DOWN SAFETY MEETING	
00:00	0	0	0	0	0	TOP OF CEMENT PLUG @ 3872' CALCULATE	
00:00	0	0	0	0	0	BOTTOM PLUG @ 4394'	

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"/> 0		28	0	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	

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)
 NONE

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 4431 PSI	
						CIRCULATING WELL - RIG <input checked="" type="checkbox"/> BJ <input type="checkbox"/>	
07:15	0	0	0	0	N/A	LEFT DISTRICT	
07:57	0	0	0	0	N/A	ARRIVE ON LOCATION (22 MILES)	
08:00	0	0	0	0	N/A	SPOT TRUCKS	
08:17	0	0	0	0	N/A	PRE RIG UP SAFETY MEETING	
09:00	0	0	0	0	N/A	SAFETY MEETING	
09:22	121	0	.8	1	H2O	LOAD LINES	
09:25	1503	0	0	0	H2O	LOW PRESSURE TEST	
09:27	4431	0	0	0	H2O	HIGH PRESSURE TEST	
09:30	736	0	2	10	H2O	FRESH H2O SPACER	
09:40	123	0	2	22	CMT	BATCH, WEIGH AND PUMP 15.8# SLURRY (100 SX)	
09:53	59	0	2	8.2	H2O	DISPLACEMENT	
09:56	0	0	0	0	N/A	SHUT DOWN	
09:56	0	0	0	0	N/A	WAITING ON RIG TO PULL TUBING	
10:47	67	0	2	4	H2O	FRESH H2O SPACER	
10:53	0	0	0	0	N/A	RIG HAD LEAK	
11:06	84	0	2	6	H2O	FRESH H2O LEAK	
11:10	101	0	2	62	CMT	PUMP 15.8# SLURRY (307 SX)	
11:37	0	0	2	.5	H2O	DISPLACEMENT	
11:38	0	0	0	0	N/A	SHUT DOWN	
11:40	0	0	0	0	N/A	WASH UP	
11:52	0	0	0	0	N/A	SHUT DOWN	
BUMPED PLUG Y <input checked="" type="checkbox"/> N	PSI TO BUMP PLUG 0	TEST FLOAT EQUIP. Y <input checked="" type="checkbox"/> N	BBL.CMT RETURNS/ REVERSED 5	TOTAL BBL. PUMPED 112	PSI LEFT ON CSG 0	SPOT TOP OUT CEMENT Y <input checked="" type="checkbox"/> N	Service Supervisor Signature:



NABORS

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

FIELD TICKET

27243

DELIVERED FROM _____

 DATE 1-16-15
05-123-16331

INVOICE NO.		P.O. NO.	AFE NO.
CUSTOMER NO.		LEASE <u>Mosier 23-13F</u>	WELL NO.
CUSTOMER <u>Noble</u>		FIELD <u>Wattenberg</u> STATE <u>Colo</u>	COUNTY <u>Weld</u>
ADDRESS		LOCATION <u>SW/SW 23 4N 66W</u>	
CITY		CASING SIZE & WT. <u>4 1/2</u>	TBG. SIZE
STATE	ZIP	TYPE OF JOB <u>Plug</u>	
ORDERED BY <u>Pete Burns</u>		TITLE <u>Brackelsberg</u>	SERVICE SUPV.

PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT
70 255 0100	PACK off equip				
0037	Flange Rental				
70-299-0130	3.68" Gage Ring/Junk Basket Surf to		6875		
75-820-0045	4 1/2" Cast IRON 10K Plug Set @		6858		
70-299-0200	Dump Brail 25x Cement onto Plug @		6858		
	fuel Surcharge				
				Discount	
	<u>Mosier 23-13F</u>				
	<u>200887</u>				
	<u>970.10/197</u>				

Thank you!

CALLLED OUT _____ Time _____ Date	ON LOCATION <u>Pete Burns</u> _____ Time _____ Date	COMPLETED <u>Pete Burns</u> _____ Time _____ Date	TOTAL SERVICE & MATERIALS
			DISCOUNT
			TAX

*ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED

TOTAL CHARGES

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

Employee Name (Print)	Hours	Initials	Employee Number	I was not injured, involved in or witnessed 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.
<u>Church Ramsey</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
 NABORS COMPLETION & PRODUCTION SERVICES CO.

X _____
 CUSTOMER REPRESENTATIVE

NABORS

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

FIELD TICKET '05

DELIVERED FROM

DATE _____

45-27823

Sterling

INVOICE NO.	P.O. NO.	AFE NO.
CUSTOMER NO.	LEASE <i>Marier</i>	WELL NO. <i>23-13F</i>
CUSTOMER <i>Noble Energy Inc</i>	FIELD	STATE <i>CO</i> COUNTY <i>Weld</i>
ADDRESS	LOCATION <i>CR 42+33</i>	
CITY	CASING SIZE & WT. <i>4 1/2</i>	TBG. SIZE
STATE ZIP	TYPE OF JOB <i>Teg Cen / Collar But</i>	
ORDERED BY <i>Pete Burns</i>	TITLE <i>Adam Frank</i>	SERVICE SUPV.

[illegible]

***ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED**

TOTAL CHARGE

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 NCPS, did permit me to eat while working.

Employee Name (Print)	Hours	Initials	Employee Number		
Eric S.					
Eric E.					

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

White – Main Canary – Customer Pink – Field