



Bison Oil Well Cementing

Invoice # 13081

API#

Foreman: Monte Bede

Date 1/20/201

Customer: Noble
Well Name: Mosier 23-13F

County: Weld

Consultant: Pete

State: Colorado

Rig Name & Number:

Distance To Location: 6.4

Sec: 23

Units On Location: 4027-3106

Twp: 4

Time Requested: 10.30am

Range: 66w

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 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

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



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 FT³	WATER GPS	PUMP TIME HR:MIN	Bbl SLURRY	Bbl MIX WATER				
Fresh Water				0	8.34	0	0	00:00	10					
Fresh Water				0	8.3	0	0	00:00	10					
Cement Slurry				100	15.8	1.15	4.99	03:30	20.45	11.88				
Fresh Water				0	8.34	0	0	00:00	10					
Class G Neat				500	15.8	1.15	5.00	03:30	102.23	59.50				
Fresh Water				0	8.34	0	0	00:00	5					
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.	TYPE	MD	TVD	GRADE	SHOE	FLOAT	STAGE		
10	0	2500	4	4.5	11.6	CSG	2500	2500	P-110			620		
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	TYPE	WGT.
8.1	8.63	24	CSG	512	512	NO PACKER		0	0	0	2.375	8 RND	WATER BASED	9
DISPL. VOLUME		DISPL. FLUID		CAL. PSI	CAL. MAX PSI	OP. MAX	MAX TBG PSI		MAX CSG PSI		MIX WATER			
VOLUME	UOM	TYPE	WGT.	BUMP PLUG	TO REV.	SQ. PSI	RATED	Operator	RATED	Operator				
8.7	BBLS	Fresh Water	8.34	0	0	0	6160	736	0	0	TRANSPORT			
		Fresh Water	8.34											
Circulation Prior to Job														
Circulated Well: Rig <input checked="" type="checkbox"/> BJ <input type="checkbox"/>				Circulation Time: 3				Circulation Rate: 4 BPM						
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	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 checked="" type="checkbox"/> N	0	Y <input checked="" type="checkbox"/> N	5	112	0	Y <input checked="" type="checkbox"/> N	



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 1-16-1505-123-16331

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 Bril 25x Cement into Plug @		6858		
	fuel Surcharge				
				Discount	
	<u>Mosier 23-13F</u>				
	<u>20087</u>				
	<u>970.10/197</u>				

Thank you!

CALLED OUT _____ Time _____ Date	ON-LOCATION _____ Time _____ Date	COMPLETED _____ Time _____ Date	TOTAL SERVICE & MATERIALS
			DISCOUNT
*ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED			TAX
			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
<u>Church</u>			
<u>Ramsay</u>			

I was not injured, involved in or witness 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.

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

