



Service Order #: 18878

Date: 01-Apr-15

Well Name	Location	County	St	API#		
BERNHARDT PMO 12-4		WELD	CO			
Formation	Cement Via	Type Of Service	Well Type	Age	AFE#	PO#
	TUBING	PLUG		REWORK		

Customer: NOBLE ENERGY

Remarks: CLASS G CMT @ 15.8# 1.15 YIELD
150 SKS 30.7 BBLS @ 2528.15-2034.26'
310 SKS 65 BBLS @528.02-0'

Customer Rep:

PH:

WELLBORE DATA				
Type	Size	Weight	Depth	Volume
Surface Casing:				
Production Casing:				
Intermediate:				
Drill Pipe:				
Tubing:	2.375	4.7	2,528.1	

Type	Size	Depth (Top)	Depth (Bot)	Volume
Liner:				
Open Hole:	8.000	0.0	2,528.1	

OTHER DATA		
BHT	Max PSI	Total Depth
	600	2,528.1

Packer or RetainerType / Depth:

Perf Depths:	#	Total
	0	0
	0	
	0	

TIME	PUMP RATES		DENSITY (lb/gl)	PRESS (psi)	STG TOT (bbls)	TOTAL (bbls)	REMARKS
	WATER (gpm)	PUMP (bpm)					
10:03	0	0.0	8.19	2,224	0.5	0.5	PSI TEST
10:07	0	0.0	14.81	0	0.7	0.7	START H2O SPACER
10:09	0	2.5	16.32	436	5.8	5.8	END SPACER
10:10	0	2.5	16.32	469	0.0	5.8	START CMT
10:20	0	0.0	15.55	0	30.9	36.6	END OF CMT
10:20	0	0.0	14.02	0	30.9	36.6	START DISPLACEMENT
10:23	0	0.2	6.88	0	7.0	43.7	OFFLINE
11:01	0	0.0	8.91	1,809	0.0	0.0	PSI TEST
11:04	0	0.0	8.89	0	0.0	0.0	START WATER SPACER
11:11	0	1.4	12.60	29	7.1	7.1	START CMT
11:36	0	0.4	16.16	0	63.3	70.4	OFFLINE CMT TO SURFACE

Summary

Max Fl. Rate	Avg Fl. Rate	Max Psi	Avg Psi
2.5	1.4	2,353	123

Customer Acknowledgement:

Service Rating:

- ☐ Satisfactory
☐ Unsatisfactory

Cementer:

PRODUCTS USED

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

DELIVERED FROM

DATE _____

$$3 \overline{) 30} \overline{) 15}$$

INVOICE NO.	P.O. NO.	A/E NO.
CUSTOMER NO.	LEASE Bernhardt PMO 12-4	WELL NO.
CUSTOMER Noble	FIELD Wattenberg STATE Colo	COUNTY Weld
ADDRESS	LOCATION NW/NW 12 4N 67W	
CITY	CASING SIZE & WT. 4 1/2" 15.1#	TBG. SIZE
STATE ZIP	TYPE OF JOB P+A.	

ORDERED BY Rick Sheets / Kevin Monaghan TITLE Brackelsberg SERVICE SUPV. _____

[illegible]

CALLED OUT		ON LOCATION		COMPLETED		TOTAL SERVICE & MATERIALS		
_____ Time		_____ Time		_____ Time		DISCOUNT		
_____ Date		_____ Date		_____ Date		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.

I was not injured, involved in or witness
accident during the performance of this work. If a
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	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.	employer NCPS, did permit me to eat while working.
Church					
Ramsey					

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