



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:	Cementer:	PRODUCTS USED
	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		



NABORS

FIELD TICKET No.

27407

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

DELIVERED FROM _____
 DATE 3/31/15

05-123-14301

INVOICE NO.	P.O. NO.	AFE NO.
CUSTOMER NO.	LEASE <u>Bernhardt PMD 12-4</u>	WELL NO.
CUSTOMER <u>Noble</u>	FIELD <u>Wattenberg</u> STATE <u>Colo</u>	COUNTY <u>Weld</u>
ADDRESS	LOCATION <u>NW/1W 12 4 N 67W</u>	
CITY	CASING SIZE & WT. <u>4 1/2 15.1#</u>	TBG. SIZE
STATE _____ ZIP _____	TYPE OF JOB <u>P+R</u>	
ORDERED BY <u>Rick Sheetz</u>	TITLE <u>Brackelsberg</u>	SERVICE SUPV.

PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT
	<u>PACK OFF</u>				
	<u>Jet Cut 4 1/2" 15.1# CASING @</u>				
	<u>P9A</u>				
	<u>Bernhardt Pmc 12-4</u>				
	<u>202445</u>				
	<u>970.10 0052</u>				

Thank
you!

CALLLED 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.

Employee Name (Print)	Hours	Initials	Employee Number	<small>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.</small>	<small>I hereby attest that my employer NCPS, did permit me to eat while working.</small>
<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 COMPLETION & PRODUCTION SERVICES CO.

X _____
 CUSTOMER REPRESENTATIVE



NABORS

FIELD TICKET No.

- 27406

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

DELIVERED FROM _____

DATE

3/30/15

INVOICE NO.		P.O. NO.	AFE NO.
CUSTOMER NO.		LEASE <i>Bernhardt PMD 12-4</i>	WELL NO.
CUSTOMER <i>Noble</i>		FIELD <i>Wattenberg</i> STATE <i>Colo</i>	COUNTY <i>weld</i>
ADDRESS		LOCATION <i>NW/NW 12 4N 67W</i>	
CITY		CASING SIZE & WT. <i>4 1/2" 15.1#</i>	TBG. SIZE
STATE	ZIP	TYPE OF JOB <i>PTA</i>	

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

PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT
	<i>Pack off equip</i>				
	<i>flange Rental</i>				
	<i>3.625" Gage Ring surf to 6850</i>				
	<i>Provide + Set CIBP @ 6830</i>				
	<i>Dump 2 sx Cement onto Plug @ 6830</i>				
	<i>PTA</i>				
	<i>Bernhardt Pmc 12-4</i>				
	<i>202445</i>				
	<i>970.10 0052</i>				<i>Thank you!</i>

CALLED OUT _____ Time _____ Date	ON LOCATION _____ Time _____ Date	COMPLETED _____ 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.

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.

Employee Name (Print)	Hours	Initials	Employee Number
<i>Church Ramsey</i>			

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