

800 GESSNER ROAD
SUITE 1000
HOUSTON, TX 77024
(713) 935-8900
(713) 935-8901 (FAX)



55169

RRC # _____

REPORT # _____ HUB METER _____ RIG # 35

Customer Name <u>Noble Energy</u>	Customer AFE # _____	Date <u>4-14-15</u>
Mailing Address _____	City _____ State _____ Zip _____	County _____
Field _____	Lease _____	Well <u>Hansen BC 0 01-09</u>
Work Description:		Order # _____
Workover <u>X</u>	Rod _____	Rod & Tubing _____
Swabbing _____	Tubing _____	Completion _____
		Re-entry _____
		P & A <u>X</u>

BILLING						
DESCRIPTION	RATE	TOTAL	WORKOVER EQUIPMENT	QTY.	RATE Hr. / Day / Ea.	TOTAL
RIG & CREW	2 Hrs. @ <u>275⁰⁰</u> Per Hr.	<u>550⁰⁰</u>	BOP			
EXTRA LABOR	2 Hrs. @ <u>48⁰⁰</u> Per Hr.	<u>96⁰⁰</u>	Pump			
RIG FUEL	Hrs. @ _____ Per Hr.		Tank			
PUMP FUEL	Hrs. @ _____ Per Hr.		Base Beam			
RECHARGE ITEMS	QTY.	RATE Hr. / Day / Ea.				
Crew Travel			Pipe Handler			
Tool Pusher			Catwalk			
Per Diem			Pipe Racks			
Stripper Rubbers			Power Swivel			
Pipe Wipers			JU / Washington H			
Tong Dies			Rod / TBG Tongs			
Slip Dies			Adapter Flange			
Safety Valve			SWABBING EQUIPMENT			
Fishing Tools			Swab Cups - Size			
Pipe Dope			OSR			
Handling Equipment			Swabbing Acid			
			Fishing Tools			
			Extra Tank			

MISCELLANEOUS: SCENARIO FFZ TOTAL BILLABLE AMOUNT THIS FIELD REPORT \$ 646⁰⁰

DESCRIPTION OF WORK: TIME STARTED 6:00 Am TIME STOPPED 6:30 pm
 Crew travel to location
 Safety meeting, J.S.A., Start Equipment. Picked up 4 Jts, tripped in 17 stands (34 Jts) to top plug @ 7149' with 221 Jts, laid one down to pump plug @ 7140'. Pumped 43 bbls for circulation, 30 sxs on top of plug, 26 bbls for displacement. Tripped out 39 stands (18 Jts), lay down 143 Jts on trailer. Rigged up Casedhole Solutions @ 11:30 Am. Ran collar buster to 2504'. TOOH with WL. Rigged WL down at 12:30 pm. nipped down, unland casing, nipple up, Rig up tong and floor. laid down 12 4 1/2 Jts. Had Problems with tongs. waited for RMOB with tong Rental 4pm - 5:30 pm. Rigged up tongs ready for next day. Secure location, pick up tools
 Crew travel home

PAYROLL SECTION					
EMPLOYEE	Emp. #	Revenue Hours	Travel Hours	Non-Revenue Hours	TOTAL
OPERATOR <u>Sergio Rivera</u>		<u>11.5</u>	<u>1</u>		<u>12.5</u>
DERRICK <u>Rafael Navarro</u>		<u>/</u>	<u>/</u>		<u>/</u>
FLOORHAND <u>Jose Salas</u>		<u>/</u>	<u>/</u>		<u>/</u>
FLOORHAND <u>Geneso Salas</u>		<u>/</u>	<u>/</u>		<u>/</u>
FLOORHAND					

NO ACCIDENTS PER MY SIGNATURE [Signature]

Gustavo Jaime
BAYOU WORKOVER SERVICES RIG SUPERVISOR CUSTOMER / AGENT

800 GESSNER ROAD
 SUITE 1000
 HOUSTON, TX 77024
 (713) 935-8900
 (713) 935-8901 (FAX)



55170

DAILY WORK TICKET

RRC # _____

REPORT # _____ HUB METER _____ RIG # 35

Customer Name NOBIE ENERGY INC Customer AFE # _____ Date 4/15/15
 Mailing Address _____ City _____ State _____ Zip _____ County _____
 Field _____ Lease _____ Well Hansen BCO 01-09 Order # _____
 Work Description:
 Workover X Rod _____ Rod & Tubing _____ Re-entry _____
 Swabbing _____ Tubing _____ Completion _____ P & A X

BILLING							
DESCRIPTION	RATE		TOTAL	WORKOVER EQUIPMENT	QTY.	RATE Hr. / Day / Ea.	TOTAL
RIG & CREW	Hrs. @	Per Hr.		BOP			
EXTRA LABOR	Hrs. @	Per Hr.		Pump			
RIG FUEL	Hrs. @	Per Hr.		Tank			
PUMP FUEL	Hrs. @	Per Hr.		Base Beam			
RECHARGE ITEMS		QTY.	RATE Hr. / Day / Ea.	Pipe Handler			
Crew Travel				Catwalk			
Tool Pusher				Pipe Racks			
Per Diem				Power Swivel			
Stripper Rubbers				JU / Washington H			
Pipe Wipers				Rod / TBG Tongs			
Tong Dies				Adapter Flange			
Slip Dies				SWABBING EQUIPMENT			
Safety Valve				Swab Cups - Size			
Fishing Tools				OSR			
Pipe Dope				Swabbing Acid			
Handling Equipment				Fishing Tools			
				Extra Tank			

MISCELLANEOUS: Si #2 TOTAL BILLABLE AMOUNT THIS FIELD REPORT \$ _____

DESCRIPTION OF WORK:
 TIME STARTED 6:00 AM TIME STOPPED 5:00 PM
Crew travel to location
Safety meeting, 3.0 S.A, Start Equipment, TOOTH LD CSG (Recovered
99 Suits of 1.5" CSG) Change over to 2 3/8" TBG, Handling Equipment
TOOTH w/ 79 Suits to Pump Stub Plug @ 2552' Establish circulation w/
10 bbis of fresh water, Mix and Pump 100 SXS of 15.5 # CGC Displaced
w/ 8 bbis of fresh water, TOOTH LD 63 Suits to Pump shoe Plug w/ 16
Suits @ 516' Establish circulation w/ 5 bbis of fresh water, Mix and
Pump 360 SXS of 15.5 # CGC to surface, TOOTH LD 16 Suits, TOP OF
well, NO BOP'S, RD Equipment Pu & secure location, crew travel Home
(flowline was incoming flowline)

PAYROLL SECTION					
EMPLOYEE	Emp. #	Revenue Hours	Travel Hours	Non-Revenue Hours	TOTAL
OPERATOR <u>Sergio Rivera</u>		<u>5</u>	<u>1</u>		<u>6</u>
DERRICK <u>Raul Navarro</u>		<u>10</u>			<u>11</u>
FLOORHAND <u>Rose Sales</u>		<u>1</u>			<u>11</u>
FLOORHAND <u>Genero Sales</u>		<u>1</u>			<u>11</u>

NO ACCIDENTS PER MY SIGNATURE Gustavo Jaime

Gustavo Jaime
 BAYOU WORKOVER SERVICES RIG SUPERVISOR CUSTOMER / AGENT



NABORS

FIELD TICKET NO. 27419

27419

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

DELIVERED FROM _____

DATE 4-14-15

05-123-14325

INVOICE NO.		P.O. NO.	AFE NO.
CUSTOMER NO.		LEASE <u>Hansen BC D 01-09</u>	WELL NO.
CUSTOMER <u>Noble</u>		FIELD <u>Wattenberg</u>	STATE <u>Colo</u> COUNTY <u>Weld</u>
ADDRESS		LOCATION <u>NE/SE 1 4N 67W</u>	
CITY		CASING SIZE & WT. <u>4 1/2</u>	TBG. SIZE
STATE	ZIP	TYPE OF JOB <u>P+D.</u>	
ORDERED BY <u>Chris Hohnstein</u>		TITLE <u>Brackelsberg</u>	SERVICE SUPV.

PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT
	<u>Pack off equip</u>				
	<u>4 1/2" CASING Collar Buster @ 2504</u>				
	<u>Hansen Bco</u>				
	<u>1-9</u>				
	<u>202444</u>				
	<u>910.10 0052</u>				

Thank you!

CALLED OUT _____ Time _____ Date	ON LOCATION _____ Time _____ Date	COMPLETED _____ Time _____ Date	TOTAL SERVICE & MATERIALS DISCOUNT 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>Ramsey Church</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 NCPS, 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 H Brack
NABORS COMPLETION & PRODUCTION SERVICES CO.

X _____
CUSTOMER REPRESENTATIVE



NABORS

FIELD TICKET N

27417

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

DELIVERED FROM _____
DATE 4-13-15

05-123-14325

INVOICE NO.	P.O. NO.	AFE NO.
CUSTOMER NO.	LEASE <u>HANSON BC D 01-09</u>	WELL NO.
CUSTOMER <u>Noble</u>	FIELD <u>WATTENBERG STATE COLO</u>	COUNTY <u>weld</u>
ADDRESS	LOCATION <u>NE/SE 1 4N 67W</u>	
CITY	CASING SIZE & WT. <u>4 1/2" 15.1#</u>	TBG. SIZE
STATE	ZIP	TYPE OF JOB <u>P+D</u>
ORDERED BY <u>Chris Hohnstein</u>	TITLE <u>Brackelsberg</u>	SERVICE SUPV.

PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT
	<u>Tack off equip</u>				
	<u>Flange Rental</u>				
	<u>Provide 1 set 4 1/2" CIBP @</u>	<u>7149</u>			
	<u>Hansen Bco</u>				
	<u>1-9</u>				
	<u>202444</u>				
	<u>970.10 0052</u>				

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 to an accident during the performance of the work. If an injury or accident occurred a signature must be provided. The injury or accident is to be reported to the supervisor so that a report can be prepared.

Employee Name (Print)	Hours	Initials	Employee Number
<u>Ramsay Church</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