

The Road to Excellence Starts with Safety

Sold To #: 345242		Ship To #: 2408428		Quote #:		Sales Order #: 0902508799					
Customer: NOBLE ENERGY INC E-BUSINESS				Customer Rep: KEVIN MONAHAN							
Well Name: State SLW			Well #: 18-24			API/UWI #:					
Field:		City (SAP): KERSEY		County/Parish: WELD			State: COLORADO				
<b>Legal Description:</b>											
Contractor: FIDELITY DRLG					Rig/Platform Name/Num: NOBLE 1						
Job BOM: 7528											
Well Type: OIL											
Sales Person: HALAMERICA\HB29087					Srcv Supervisor: Vaughn Oteri						
<b>Job</b>											
Formation Name											
Formation Depth (MD)		Top			Bottom						
Form Type					BHST		150 degF				
Job depth MD		2543ft			Job Depth TVD						
Water Depth					Wk Ht Above Floor						
Perforation Depth (MD)		From			To						
<b>Well Data</b>											
Description	New / Used	Size in	ID in	Weight lbm/ft	Thread	Grade	Top MD ft	Bottom MD ft	Top TVD ft	Bottom TVD ft	
Casing		8.625	7.825	36			0	395		0	
Tubing		2.875	2.441	6.5			0	2543		0	
Open Hole Section			6.25				440	6700			
<b>Tools and Accessories</b>											
Type	Size in	Qty	Make	Depth ft		Type	Size in	Qty	Make		
Guide Shoe	2.875					Top Plug	2.875				
Float Shoe	2.875					Bottom Plug	2.875				
Float Collar	2.875					SSR plug set	2.875				
Insert Float	2.875					Plug Container	2.875				
Stage Tool	2.875					Centralizers	2.875				
<b>Miscellaneous Materials</b>											
Gelling Agt		Conc		Surfactant		Conc	Acid Type		Qty	Conc	
Treatment Fld		Conc		Inhibitor		Conc	Sand Type		Size	Qty	
<b>Fluid Data</b>											
Stage/Plug #: 1											
Fluid #	Stage Type	Fluid Name			Qty	Qty UoM	Mixing Density lbm/gal	Yield ft3/sack	Mix Fluid Gal	Rate bbl/min	Total Mix Fluid Gal
1	Plug 1	HALCEM (TM) SYSTEM			100	sack	15.8	1.15		5	4.99
4.99 Gal		FRESH WATER									

Fluid #	Stage Type	Fluid Name	Qty	Qty UoM	Mixing Density lbm/gal	Yield ft <sup>3</sup> /sack	Mix Fluid Gal	Rate bbl/mi n	Total Mix Fluid Gal
2	Plug 2	HALCEM (TM) SYSTEM	310	sack	15.8	1.15		5	5
5 Gal		FRESH WATER							
Cement Left In Pipe		Amount	ft	Reason			Shoe Joint		
Comment									



# NABORS

FIELD TICKET No.

-45- 28113

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

DELIVERED FROM StarlingDATE 6-18-15

INVOICE NO.	P.O. NO.	AFE NO.
CUSTOMER NO.	LEASE <u>State SLW</u>	WELL NO. <u>18-24</u>
CUSTOMER <u>Noble Energy Inc.</u>	FIELD STATE <u>CO</u>	COUNTY <u>Weld</u>
ADDRESS	LOCATION <u>RD 388 + 61</u>	
CITY	CASING SIZE & WT. <u>4 1/2</u>	TBG. SIZE
STATE ZIP	TYPE OF JOB <u>Jet Cut</u>	

ORDERED BY Kevin Monaghan TITLE Adam Frank SERVICE SUPV.

PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT
<u>70-250-1111</u>	<u>Jet Cut @ 2498 (4 1/2 Casing)</u>				
<u>70-255-0100</u>	<u>POCK OFF</u>				
	<u>PFA</u>				
	<u>STATE SLW 18 24</u>				
	<u>202608</u>				
	<u>970.10/0052</u>				
	<u>THANK YOU</u>				

CALLED OUT _____ Time _____ Date	ON LOCATION <u>9:30a</u> Time <u>6-18</u> Date	COMPLETED <u>10:40a</u> Time <u>6-18</u> 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.

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 NCPSS, did permit me to eat while working.

Employee Name (Print)	Hours	Initials	Employee Number
<u>Eric C.</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 [Signature]  
 NABORS COMPLETION & PRODUCTION SERVICES CO.

X K. Monaghan  
 CUSTOMER REPRESENTATIVE

