

The Road to Excellence Starts with Safety

Sold To #: 345242	Ship To #: 3678166	Quote #:	Sales Order #: 0902570762
Customer: NOBLE ENERGY INC E-BUSINESS		Customer Rep: Kevin	
Well Name: Spike State D	Well #: 12-6	API/UWI #:	
Field:	City (SAP): KERSEY	County/Parish: WELD	State: COLORADO
<b>Legal Description:</b>			
Contractor:		Rig/Platform Name/Num: Workover	
Job BOM: 7528			
Well Type: GAS			
Sales Person: HALAMERICA\HB29087		Srvc Supervisor: Mark Turner	

**Job**

Formation Name	
Formation Depth (MD)	Top Bottom
Form Type	BHST 150 degF
Job depth MD	1726ft Job Depth TVD
Water Depth	Wk Ht Above Floor
Perforation Depth (MD)	From To

**Well Data**

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	573		0
Tubing		1.25		3.02			0	1726		0
Open Hole Section			6.25				440	6700		

**Tools and Accessories**

Type	Size in	Qty	Make	Depth ft	Type	Size in	Qty	Make
Guide Shoe					Top Plug			
Float Shoe					Bottom Plug			
Float Collar					SSR plug set			
Insert Float					Plug Container			
Stage Tool					Centralizers			

**Miscellaneous Materials**

Gelling Agt	Conc	Surfactant	Conc	Acid Type	Qty	Conc
Treatment Fld	Conc	Inhibitor	Conc	Sand Type	Size	Qty

**Fluid Data**

Stage/Plug #: 1										
Fluid #	Stage Type	Fluid Name	Qty	Qty UoM	Mixing Density lbm/gal	Yield ft <sup>3</sup> /sack	Mix Fluid Gal	Rate bbl/min	Total Mix Fluid Gal	
1	Plug 1	HALCEM (TM) SYSTEM	150	sack	15.8	1.15	5	5	5	
5 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/min	Total Mix Fluid Gal
2	Plug 2	HALCEM (TM) SYSTEM	350	sack	15.8	1.15	5	5	5
5 Gal		FRESH WATER							
<b>Cement Left In Pipe</b>		<b>Amount</b>	<b>ft</b>	<b>Reason</b>				<b>Shoe Joint</b>	
<b>Mix Water:</b>		pH 7	<b>Mix Water Chloride:</b>	150 ppm	<b>Mix Water Temperature:</b>			65 °F	
<b>Cement Temperature:</b>		N/A	<b>Plug Displaced by:</b>	N/A	<b>Disp. Temperature:</b>			N/A	
<b>Plug Bumped?</b>		N/A	<b>Bump Pressure:</b>	N/A	<b>Floats Held?</b>			N/A	
<b>Cement Returns:</b>		4 bbl	<b>Returns Density:</b>	15.8	<b>Returns Temperature:</b>				
<b>Comment</b> Got cement back @ 65 bbl gone of second plug. Topped off well with 6 BBL of Cement.									

The Road to Excellence Starts with Safety

Sold To #: 345242	Ship To #: 2647355	Quote #:	Sales Order #: 0902555086
Customer: NOBLE ENERGY INC E-BUSINESS		Customer Rep: Kevin Monahan	
Well Name: Spike State D	Well #: 12-6	API/UWI #:	
Field:	City (SAP): GILCREST	County/Parish: WELD	State: COLORADO
<b>Legal Description:</b>			
Contractor: Leed		Rig/Platform Name/Num: 725	
Job BOM: 7528			
Well Type: GAS			
Sales Person: HALAMERICA\HB29087		Srcv Supervisor: Vaughn Oteri	

**Job**

Formation Name			
Formation Depth (MD)	Top		Bottom
Form Type			BHST 150 degF
Job depth MD	4518ft		Job Depth TVD
Water Depth			Wk Ht Above Floor
Perforation Depth (MD)	From		To

**Well Data**

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	440		0
Tubing		1.25	1				0	4518		0

**Tools and Accessories**

Type	Size in	Qty	Make	Depth ft	Type	Size in	Qty	Make
Guide Shoe					Top Plug			
Float Shoe					Bottom Plug			
Float Collar					SSR plug set			
Insert Float					Plug Container			
Stage Tool					Centralizers			

**Miscellaneous Materials**

Gelling Agt	Conc	Surfactant	Conc	Acid Type	Qty	Conc
Treatment Fld	Conc	Inhibitor	Conc	Sand Type	Size	Qty

**Fluid Data**

<b>Stage/Plug #: 1</b>									
Fluid #	Stage Type	Fluid Name	Qty	Qty UoM	Mixing Density lbm/gal	Yield ft <sup>3</sup> /sack	Mix Fluid Gal	Rate bbl/min	Total Mix Fluid Gal
1	Plug 1	HALGEM (TM) SYSTEM	25	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		Displacement	1.5	bbl	8.33				
4.98 Gal		FRESH WATER							
<b>Fluid Data</b>									
Cement Left In Pipe		Amount	ft	Reason			Shoe Joint		
<b>Fluid Data</b>									
<b>Stage/Plug #: 2</b>									
<b>Fluid Data</b>									
Cement Left In Pipe		Amount	ft	Reason			Shoe Joint		
<b>Fluid Data</b>									
<b>Stage/Plug #: 3</b>									
<b>Fluid Data</b>									
Cement Left In Pipe		Amount	ft	Reason			Shoe Joint		
<b>Comment</b>									



# NABORS

FIELD TICKET No.

27367

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

DELIVERED FROM \_\_\_\_\_

DATE 7-9-15

05-123-17228

INVOICE NO.	P.O. NO.	AFE NO.
CUSTOMER NO.	LEASE <u>Spike State D 12-06</u>	WELL NO.
CUSTOMER <u>Noble</u>	FIELD <u>Wattenberg State 610</u>	COUNTY <u>Weld</u>
ADDRESS	LOCATION <u>SE/NW 12 3N 64W</u>	
CITY	CASING SIZE & WT. <u>2 7/8"</u>	TBG. SIZE
STATE	TYPE OF JOB <u>P+A.</u>	
ORDERED BY <u>Kevin Monaghan</u>	TITLE <u>HARRY B</u>	SERVICE SUPV.

PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT
	PACK OFF				
	FLANGE RENTAL				
	RUN #1 w/ Jet Cutter - Stack out @ 1707 Depth Det				
	RUN #2 w 2 Sinker bars - Stack @ 1720 Depth Det				
	RUN #3 Jet Cut 2 7/8 @ 1693'				
	P+A				
	SPIKE STATE D12-06				
	202784				
	970.10/0052				
					Thank you.

CALLED OUT _____ Time _____ Date	ON LOCATION _____ Time _____ Date	COMPLETED  _____ Time _____ Date	TOTAL SERVICE & MATERIALS DISCOUNT TAX TOTAL CHARGES
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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 accident during the performance of 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
<u>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) therefore; 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



# NABORS

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

FIELD TICKET No. 45-28050

DELIVERED FROM Sterling

DATE 7-7-15

<b>INVOICE NO.</b>	P.O. NO.	AFE NO.
CUSTOMER NO.	LEASE <u>Spike State</u>	WELL NO. <u>D12-06</u>
CUSTOMER <u>Noble Energy Inc.</u>	FIELD	STATE <u>CO</u> COUNTY <u>Weld</u>
ADDRESS	LOCATION <u>CK 57+40 (Gutherson Ranch)</u>	
CITY	CASING SIZE & WT. <u>2 7/8</u>	TBG. SIZE
STATE	ZIP	TYPE OF JOB <u>GR</u>
ORDERED BY <u>Kevin Manghen</u>	TITLE <u>Adam Frank</u>	SERVICE SUPV.

PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT
<u>70-255-0100</u>	<u>PACK-OFF</u>				
<u>75-820-1111</u>	<u>Flange Rental</u>				
<u>75-820-1111</u>	<u>Gauge Ring/Junk Use 164</u>		<u>5598'</u>		
	<u>GR - 2.125'</u>				
	<u>PIA</u>				
	<u>SPIKE STATE D12-06</u>				
	<u>202784</u>				
	<u>970.10/0052</u>				

THANK YOU

CALLED OUT _____ Time _____ Date	ON LOCATION <u>10:45a</u> Time <u>7-7</u> Date	COMPLETED <u>12:00p</u> Time <u>7-7</u> Date	TOTAL SERVICE & MATERIALS DISCOUNT TAX TOTAL CHARGE
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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 E.</u>			
<u>Milton A.</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 [Signature]  
 CUSTOMER REPRESENTATIVE

