



Job Summary

Ticket Number	Ticket Date
TN# BCO-1909-0119	9/30/2019

COUNTY	COMPANY	API Number
Weld	PDC ENERGY	05-123-21783
WELL NAME	RIG	JOB TYPE
Lohr - 41-13	Ensign 354	CM-P2A-PERM.
SURFACE WELL LOCATION	CJES Field Supervisor	CUSTOMER REP
40.404223 -104.491695	Rich Devine	Hector Terrazas

EMPLOYEES

WELL PROFILE			
Max Treating Pressure (psi):		Bottom Hole Static Temperature (°F):	
Bottom Hole Circulating Temperature (°F):		Well Type:	

Casing/Tubing/Drill Pipe							
Type	Size (in)	Weight (lb/ft)	Grade	TMD From (ft)	TMD to (ft)	TVD From (Ft)	TVD to (Ft)
Surface	4 1/2	11.6		0	1615	0	1615
Type	Size (in)	Weight (lb/ft)	Grade	TMD From (ft)	TMD to (ft)	TVD From (Ft)	TVD to (Ft)
Tubing	2 3/8	4.7		0	1615	0	1615

CEMENT DATA

Stage 2:	From Depth (ft):	<input type="text" value="193"/>	To Depth (ft):	<input type="text" value="1615"/>
Type: Surface Plug	Volume (sacks):	<input type="text" value="105.5"/>	Volume (bbls):	<input type="text" value="25"/>

Cement & Additives:				Density (ppg)	Yield (ft ³ /sk)	Water Req.
Type III				14.8	1.33	6.32

Stage 3:	From Depth (ft):	<input type="text" value="0"/>	To Depth (ft):	<input type="text" value="193"/>
Type: Top Off	Volume (sacks):	<input type="text" value="13"/>	Volume (bbls):	<input type="text" value="3"/>

Cement & Additives:				Density (ppg)	Yield (ft ³ /sk)	Water Req.
Type III				14.8	1.33	6.32

SUMMARY

Preflushes:	<input type="text" value="5"/> bbls of <input type="text" value="Fresh Water"/>	Calculated Displacement (bbl):	<input type="text"/>	Stage 1	Stage 2
	<input type="text"/> bbls of <input type="text"/>	Actual Displacement (bbl):	<input type="text"/>		
	<input type="text"/> bbls of <input type="text"/>	Plug Bump (Y/N):	<input type="text" value="N/A"/>	Bump Pressure (psi):	<input type="text" value="N/A"/>
Total Preflush/Spacer Volume (bbl):	<input type="text" value="5"/>	Lost Returns (Y/N):	<input type="text" value="N"/> (if Y, when)		
Total Slurry Volume (bbl):	<input type="text" value="28"/>				
Total Fluid Pumped					
Returns to Surface:	<input type="text" value="N/A"/>	<input type="text"/>	bbls		

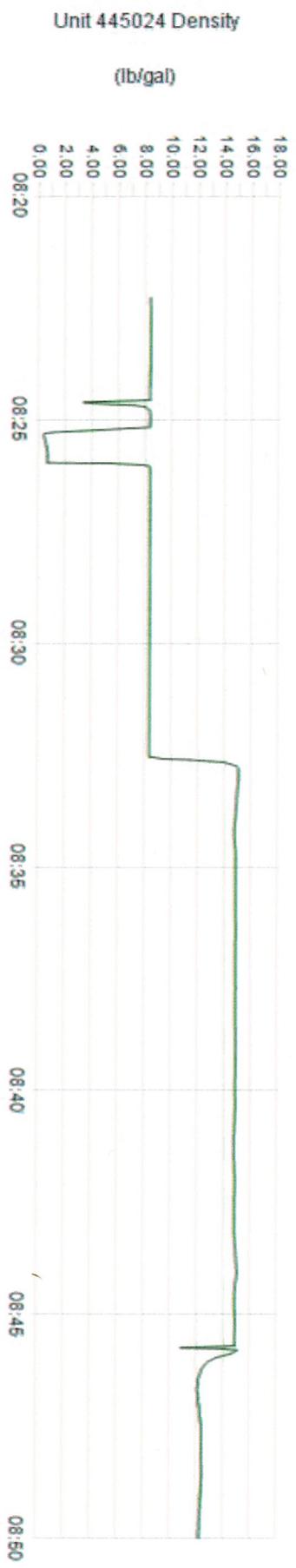
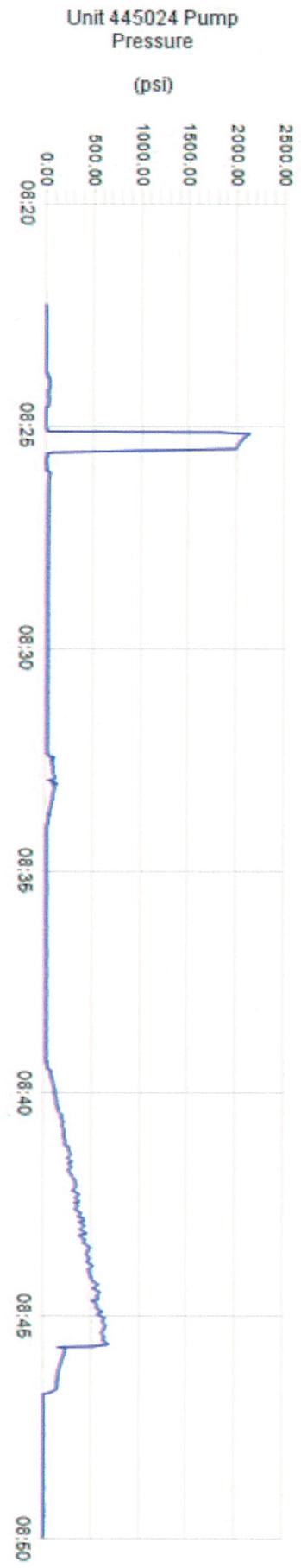
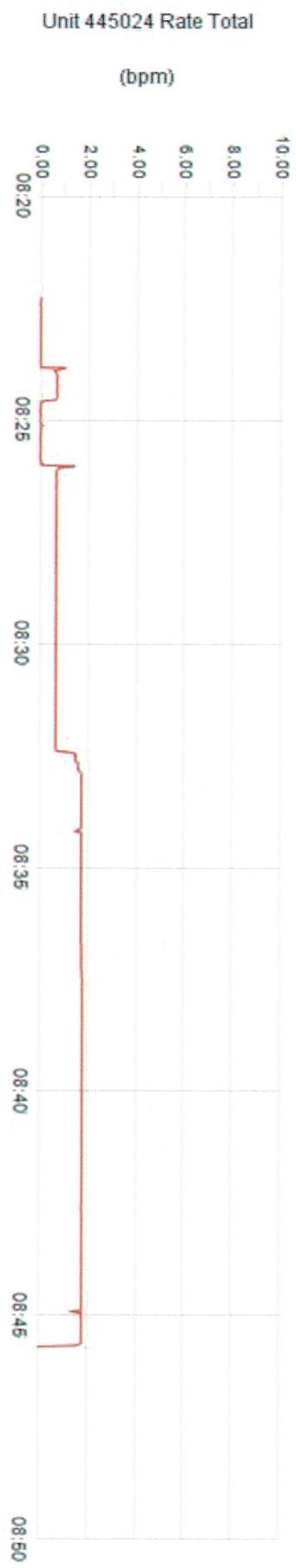
Job Notes (fluids pumped / procedures / tools / etc.):

Customer Representative Signature: _____

Thank You For Using
CJES O-TEX Cementing



Client	PDC ENERGY	Client Rep	HECTOR TERRAZAS	Supervisor	RICH
Ticket No.	19090119	Well Name	LOHR 41-13	Unit No.	445024
Location	NENE 13 5N64W	Job Type	Abandonment Plugs	Service District	BRIGHTON
Comments	See Job Log			Job Date	09/30/2019



CASED HOLE SOLUTIONS



Rev.042519 A	CUSTOMER P. O. NUMBER	Ticket No. (SO) F8102	PAGE 1 of 1
* Service charges include a daily per diem of \$30.00/employee and a daily catering charge (when provided by Casedhole Solutions) of \$25.00/employee.			DATE 09/27/2019
To CASED HOLE SOLUTIONS, INC You are hereby requested to perform or attempt to perform the following service(s) or furnish the following equipment:			

SERVICE(S) AND/OR EQUIPMENT REQUESTED

CUSTOMER FURNISHED LEASE/WELL INFORMATION	COMPANY	PDC ENERGY			
	LEASE	Lohr	WELL NUMBER	41-13	
	API	05-123-21783			
	FIELD	Wattenberg	PARISH/COUNTY	Weld	STATE

THE UNDERSIGNED, HEREINAFTER REFERRED TO AS CUSTOMER AGREES TO PAY YOU FOR THE ABOVE SPECIFIED SERVICE(S) (INCLUDING LEASED EQUIPMENT) AND ANY ADDITIONAL SERVICE(S) REQUESTED, AT THE FIELD OFFICE OF CASED HOLE SOLUTIONS, INC. IN ACCORDANCE WITH THE APPLICABLE PROVISIONS OF YOUR CURRENT PRICE SCHEDULE.

IN CONSIDERATION OF THE PRICES AS ARE SET OUT IN YOUR CURRENT APPLICABLE PRICE SCHEDULE WE CHOOSE TO BE BOUND BY THE TERMS AND CONDITIONS SET OUT IN THE CURRENT PRICE SCHEDULE (ALSO PRINTED ON THE REVERSE SIDE HEREOF), INCLUDING THE ASSUMPTION BY US OF THE LIABILITIES AND RESPONSIBILITIES CONTAINED IN THE RESPONSIBILITIES HEREIN ASSUMED BY US.

WHEN SIGNED BY AN AGENT ON BEHALF OF CUSTOMER, SAID AGENT REPRESENTS THAT HE HAS FULL AUTHORITY FROM HIS PRINCIPAL TO EXECUTE SAME, IN THE ABSENCE OF AUTHORITY, THE SIGNER AGREES THAT HE SHALL BE OBLIGATED HEREUNDER AS CUSTOMER.

CUSTOMER NAME **PDC ENERGY**

INVOICE MAILING ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE

X _____ Thank you for using Casedhole Solutions!! Total runs, all pages **2**

THE ESTIMATED CHARGES AND DATA SHOWN ARE SUBJECT TO CORRECTION BY CASED HOLE SOLUTIONS, INC. ACCOUNTING

UNIT NUMBER **200100** OPERATION TYPE: DAYLIGHT WELL TYPE: WORKOVER ROUND TRIP MILEAGE _____

TRIP: FIRST HOISTING TYPE: WORKOVER RIG

WIRELINE DEPTH _____ MAX. WELLHEAD PRESSURE _____ PSI BOTTOM HOLE PRESSURE: _____ PSI

Desc. NO.	PERF. INTERVAL	PLUG DEPTH	OPERATION	ITEM	QUAN.	UNIT PRICE	DISC.	DISC. PRICE	AMOUNT	SERVICE	FIRST READING	LAST READING	FOOTAGE DEL.
1			P - Packoff	each	1					Plug			
2		6315'	P - Plug or Retainer - setting (3rd party)	each	1					Perf			
3		6315'	P - Dump Bailer(2 SXs Cement)	per run	1								
4													
5													
6													
7													
8													
9													
10													

NO. DESC.	NO. SHOTS FIRED	NO. SEL. SWITCHES	SEL. SW FAILURES
0	0	0	0

Runs for this job made in September were 2

ESTIMATED TOTAL C _____

THE SERVICE(S) AND/OR EQUIPMENT COVERED BY THIS SERVICE ORDER HAVE BEEN RECEIVED AT WELL

SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE: *[Signature]* Hector

CUST. INITIALS: _____

SIGNATURE OF CASED HOLE SOLUTIONS ENGINEER: *[Signature]* Meisner, Jacob

Was catering provided by Casedhole Solutions?
NO