



# NABORS

FIELD TICKET No.

28653

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

DELIVERED FROM F. Lupton  
DATE 8/12/15

<b>INVOICE NO.</b>	<b>P.O. NO.</b>	<b>AFE NO.</b>
<b>CUSTOMER NO.</b>	LEASE <u>Moser H</u>	<b>WELL NO.</b> <u>34-21</u>
<b>CUSTOMER</b> <u>Noble</u>	FIELD <u>Wahenberg</u> STATE <u>CO</u>	<b>COUNTY</b> <u>Weld</u>
<b>ADDRESS</b>	LOCATION <u>4328</u>	
<b>CITY</b>	CASING SIZE & WT. <u>4 1/2 11.6#</u>	<b>TBG. SIZE</b>
<b>STATE</b>	ZIP	<b>TYPE OF JOB</b> <u>P+A</u>

ORDERED BY T. Mathias TITLE \_\_\_\_\_ SERVICE SUPV. GN

PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT
<u>758201111</u>	<u>Set 10k CT BPE 6869</u>		<u>1</u>		
<u>758201111</u>	<u>Dumpball 2x5 Cement</u>		<u>1</u>		
<u>702551111</u>	<u>Cut casing 1950</u>		<u>1</u>		
<u>702550100</u>	<u>Pack-off</u>		<u>1</u>		

<b>CALLLED OUT</b> Time _____ Date _____	<b>ON LOCATION</b> <u>2:00</u> Time Date _____	<b>COMPLETED</b> <u>5:00</u> Time Date _____	<b>TOTAL SERVICE &amp; MATERIALS</b>
			<b>DISCOUNT</b>
			<b>TAX</b>

\*ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED

TOTAL CHARGE 111.00

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>Amays Sarchet</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 \_\_\_\_\_  
CUSTOMER REPRESENTATIVE