



NABORS

FIELD TICKET No.

45- 32561

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

DELIVERED FROM Starling

DATE 9-8-15

INVOICE NO.		P.O. NO.	AFE NO.
CUSTOMER NO.		LEASE <u>N. Koloric C</u>	WELL NO. <u>05-03</u>
CUSTOMER <u>Noble Energy Inc.</u>		FIELD	STATE <u>CO</u> COUNTY <u>Weld</u>
ADDRESS		LOCATION <u>CK 50 + 51</u>	
CITY		CASING SIZE & WT. <u>4 1/2</u>	TBG. SIZE
STATE	ZIP	TYPE OF JOB <u>Collar Buster</u>	
ORDERED BY <u>Carl Smith</u>		TITLE <u>Adam Frank</u>	SERVICE SUPV.

PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT
<u>70-255-0100</u>	<u>Rock - OFF</u>				
<u>70-250-1111</u>	<u>4 1/2 Collar Buster @ 2516</u>				
	<u>Nikoloric C 5-5</u>				
	<u>202877</u>				
	<u>970-10 PMA</u>				
	<u>0197</u>				
	<u>9-8-15</u>				
	<u>Comp</u>				

THANK
you

CALLED OUT _____ Time _____ Date	ON LOCATION <u>8:00a</u> Time <u>9-8</u> Date	COMPLETED <u>11:00a</u> Time <u>9-8</u> Date	TOTAL SERVICE & MATERIALS DISCOUNT TAX TOTAL CHARGE
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*ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED

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 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.

Employee Name (Print)	Hours	Initials	Employee Number
<u>Eric S.</u>			
<u>Eric E.</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



NABORS

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

FIELD TICKET

43-32560
 Sterling

DELIVERED FROM

DATE 9-3-15

INVOICE NO.		P.O. NO.	AFE NO.
CUSTOMER NO.		LEASE <u>Nikoloric C</u>	WELL NO. <u>05-05</u>
CUSTOMER <u>Noble Energy Inc.</u>		FIELD	STATE <u>Co</u> COUNTY <u>Weld</u>
ADDRESS		LOCATION <u>CK 50+51</u>	
CITY		CASING SIZE & WT. <u>4 1/2 11.6#</u>	TBG. SIZE
STATE	ZIP	TYPE OF JOB <u>CR, CISP, Cem</u>	
ORDERED BY <u>Tyson Hamacher</u>		TITLE <u>Adam Frank</u>	SERVICE SUPV.

PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT
70-255-0100	PACK-OFF				
75-820-1111	Flange Rental				
75-820-1111	Gauge Ring / Junk Basket		7405		
75-820-1111	Provide + Set 4 1/2 CISP				
	CISP set @ 7392				
75-820-1111	Dump Baler - 215x Cem.				
P: A					
NIKOLORIC 05-05					
202877					
97010/0052					
FIRST APPROVED ERICH ZWAGA/STRA					

THANK
 You

CALLED OUT Time <u>9:30am</u> Date <u>9-3</u>	ON LOCATION Time <u>9-3</u> Date <u>9-3</u>	COMPLETED Time <u>12:30p</u> Date <u>9-3</u>	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 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 WPCS, did permit me to eat while working.

Employee Name (Print)	Hours	Initials	Employee Number
<u>Eric S.</u>			
<u>Tim K.</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