



NABORS

FIELD TICKET No.

45-28935

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

DELIVERED FROM Storling

DATE 2-10-16

INVOICE NO.		P.O. NO.	AFE NO.
CUSTOMER NO.		LEASE <u>Antholz PC 10</u>	WELL NO. <u>6-16</u>
CUSTOMER <u>Noble Energy Inc.</u>		FIELD	STATE <u>CO</u> COUNTY <u>Weld</u>
ADDRESS		LOCATION <u>Hwy 14 & CK 51</u>	
CITY		CASING SIZE & WT. <u>4 1/2</u>	TBG. SIZE
STATE	ZIP	TYPE OF JOB <u>CBI</u>	

ORDERED BY <u>Jake Fisher</u>	TITLE <u>Adam Frank</u>	SERVICE SUPV.
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PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT
75-810-1111	PACK-OFF				90
75-810-1111	Flange				
70-210-1111	4 1/2 CBI		Bayou 10		
	2700' - Surface		Antholz PC Adv		
70-250-1111	Collar Buster @ 1636		203125		
			PRA		
			970.10		
			0052		
			3900.23		
			PC 2110		
			Eric 2 was sta		

CALLED OUT Time Date	ON LOCATION 6:50a Time 2-10 Date	COMPLETED 1:20p Time 2-10 Date	TOTAL SERVICE & MATERIALS
	DISCOUNT		
	TAX		

*ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED

TOTAL CHARC

WITH MY INITIALS, I CONFIRM THAT THE TIME SHOWN IN THE "HOURS" COLUMN, ACCURATELY REFLECTS MY COMPENSABLE TIME.

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

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 NCP's did permit me to eat while working.

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



NABORS

FIELD TICKET No. 45-28934

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

DELIVERED FROM STERLINGDATE 2-9-16

INVOICE NO.		P.O. NO.	AFE NO.
CUSTOMER NO.		LEASE <u>Antholz PC AB</u>	WELL NO. <u>6-16</u>
CUSTOMER <u>Noble Energy Inc.</u>		FIELD	STATE <u>CO</u> COUNTY <u>Weld</u>
ADDRESS		LOCATION <u>HWY 14 & CK 51</u>	
CITY		CASING SIZE & WT. <u>4 1/2</u>	TBG. SIZE
STATE	ZIP	TYPE OF JOB <u>CEBP/Cem/</u>	
ORDERED BY <u>Jake Eichen</u>		TITLE <u>Adam Frank</u>	SERVICE SUPV.

PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT
<u>75-810-1111</u>	<u>Pack OFF</u>				
<u>75-810-1111</u>	<u>Flange</u>				
<u>75-820-1111</u>	<u>Provide & Set 4 1/2 CEBP</u>			<u>Bayou 10</u>	
	<u>CEBP set C 6954</u>				
<u>70-210-1111</u>	<u>Dump Baler - 2 sk Cem</u>			<u>Anchor 2000</u>	
				<u>203.25</u>	
				<u>PSA</u>	
				<u>170.10</u>	
				<u>0052</u>	
				<u>2906.06</u>	
				<u>2000</u>	
				<u>1214</u>	
				<u>1214</u>	

CALLER OUT	ON LOCATION	COMPLETED	TOTAL SERVICE & MATERIALS
Time _____	<u>12:50 P</u> Time	<u>3:30 P</u> Time	
Date _____	<u>2-9</u> Date	<u>2-9</u> Date	DISCOUNT
			TAX
*ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED			TOTAL CHARGES

WITH MY INITIALS, I CONFIRM THAT THE TIME SHOWN IN THE "HOURS" COLUMN, ACCURATELY REFLECTS MY COMPENSABLE TIME.

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

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.

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X [Signature]
 NABORS COMPLETION & PRODUCTION SERVICES CO.

X [Signature]
 CUSTOMER REPRESENTATIVE