

NABORS

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

FIELD TICKET No.

27519

DELIVERED FROM Ft Lupton

DATE 1-28-16

| | | |
|----------------------|---------------------------|--------------------|
| INVOICE NO. | P.O. NO. | A/E NO. |
| CUSTOMER NO. | LEASE Gilcrest Townsite | WELL NO. 21-34 |
| CUSTOMER Mobile | FIELD Wa Henberg STATE CO | COUNTY Weld |
| ADDRESS | LOCATION 42+290 | |
| CITY | CASING SIZE & WT. 4 1/2 | TBG. SIZE |
| STATE ZIP | TYPE OF JOB Plug/Cement | |
| ORDERED BY T. Hanger | TITLE | SERVICE SUPV. G.N. |

[illegible]

| | | | | | | | | |
|------------|--|-----------------|--|-----------------|--|---------------------------|--|--|
| CALLED OUT | | ON LOCATION | | COMPLETED | | TOTAL SERVICE & MATERIALS | | |
| _____ Time | | 1:00 _____ Time | | 4:00 _____ Time | | DISCOUNT | | |
| _____ Date | | _____ Date | | _____ Date | | TAX | | |

***ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED**

| | | |
|---------------|--------|----|
| TOTAL CHARGES | \$2906 | 06 |
|---------------|--------|----|

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 NCPS, did permit me to eat while working.

| Employee Name (Print) | Hours | Initials | Employee Number | provided the name of accident is to be reported to the supervisor so that a report can be prepared. | time to eat while working. |
|-----------------------|-------|----------|-----------------|---|----------------------------|
| Amaya | | | | | |

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 _____
LABORS COMPLETION & PRODUCTION SERVICES CO.

X
CUSTOMER REPRESENTATIVE

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

DELIVERED FROM

DATE _____

NO. 1-29-16
 ER FROM Ft. Lupton

| | | |
|------------------------|------------------------------|------------------|
| INVOICE NO. | P.O. NO. | AFE NO. 203636 |
| CUSTOMER NO. | LEASE Gilcrest Townsite | WELL NO. 21-34 |
| CUSTOMER Noble | FIELD Wg Henberg STATE CO | COUNTY Weld |
| ADDRESS | LOCATION 412-29 | |
| CITY | CASING SIZE & WT. 4 1/2 116# | TBG. SIZE |
| STATE ZIP | TYPE OF JOB P-A | |
| ORDERED BY T. Hamacher | TITLE | SERVICE SUPV. BN |

| PART NO. | DESCRIPTION | REV. CODE | QTY. | UNIT PRICE | AMOUNT |
|-----------|-------------------------|--------------|------|---------------|---------|
| 702501111 | Collar Bust @ 25x20 | | 1 | | 1682 95 |
| 758101111 | Pack Off | | 1 | | 305 90 |
| | | | | | |
| | | | | | |
| | P.A | | | | |
| | GILBERT TOWN SITE 21-34 | | | | |
| | 203636 | | | | |
| | 970.10/0052 | | | | |
| | FIRST A PRESENT | | | | |
| | ERICH ZWACHSMAN | | | | |
| | JUN 29 2016 | | | | |
| | | | | | |

| | | | |
|------------|-------------|------------|---------------------------|
| CALLED OUT | ON LOCATION | COMPLETED | TOTAL SERVICE & MATERIALS |
| _____ Time | _____ Time | _____ Time | DISCOUNT |
| _____ Date | _____ Date | _____ Date | 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.

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 NCPS, did permit me to eat while working.

| Employee Name (Print) | Hours | Initials | Employee Number | provided. The injury or accident is to be reported to the supervisor so that a report can be prepared. | me to eat while working. |
|-----------------------|-------|----------|-----------------|--|--------------------------|
| Sarc h e t | | | | | |
| | | | | | |

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X **NABORS COMPLETION & PRODUCTION SERVICES CO.**

X _____
CUSTOMER REPRESENTATIVE