NABORS

FIELD TICKET No. - 32674

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

DELIVERED FROM
DATE 3-14-16
05-123-23551
BWO 15-0308

INVOICE NO.	P.O. NO.		AFE NO.
CUSTOMER NO.	LEASE Tre-Mat 23-13		WELL NO.
CUSTOMER Noble	FIELD Wattenberg	STATE Colo	COUNTY Weld
ADDRESS	LOCATION SW/NE 23-6N-67W		
CITY	CASING SIZE & WT. 4 1/2"		TBG. SIZE
STATE ZIP	TYPE OF JOB Plug/Cement/Jet Cut		
ORDERED BY Kevin Monaghan	TITLE Brackelsberg		SERVICE SUPV.

PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT
75-810-1111	Pack off				[illegible]
75-810-1111	Flange Rental				[illegible]
75-820-1111	Set 4 1/2" CIBP @				[illegible]
70-210-1111	Dump Bail 2 sx Cement onto Plug @				[illegible] 8
70-252-1111	Jet Cut 4 1/2" Casing @				[illegible] 20
	P&A				
	Tre-Mat 23-13				
	203764				
	970.10/0052				Think
	1st App.				Safety!
	E. Twaddle				

CALLED OUT	ON LOCATION	COMPLETED		
10:00 Time	11:15 Time	Time	TOTAL SERVICE & MATERIALS	
Date	Date	Date	DISCOUNT	
			TAX	[illegible]
*ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED			TOTAL CHARGES	[illegible]

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	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.
McKee					
Ramsey					

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

White – Main Canary – Customer Pink – Field