



NABORS

FIELD TICKET No.

32918

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

DELIVERED FROM _____

DATE 4-11-1605-123-23276RWD 15-0308

INVOICE NO.		P.O. NO.	AFE NO.
CUSTOMER NO.		LEASE	WELL NO.
CUSTOMER <u>Noble</u>	FIELD <u>Wattenberg</u>	STATE <u>Colo</u>	COUNTY <u>Weld</u>
ADDRESS		LOCATION	
CITY	CASING SIZE & WT. <u>4 1/2"</u>		TBG. SIZE
STATE	ZIP	TYPE OF JOB <u>Plug/cement/ Jet Cut</u>	
ORDERED BY <u>Ric Sheets</u>		TITLE <u>Brackelsberg</u>	SERVICE SUPV.

PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT
<u>75810-1111</u>	<u>PACK OFF</u>				
<u>75810-1111</u>	<u>Flange Rental</u>				
<u>75-820-1111</u>	<u>set 4 1/2" CIBP @</u>			<u>6498</u>	
<u>70-210-1111</u>	<u>Dump Bail 2-5x Cement onto Plug @</u>			<u>6498</u>	
<u>70-252-1111</u>	<u>Jet Cut 4 1/2" casing @</u>			<u>2500</u>	
	<u>PIA</u>				
	<u>Ailes A1216</u>				
	<u>203691</u>				
	<u>92.10 0052</u>				

Think Safety

CALLED OUT <u>6:00</u> Time _____ Date	ON LOCATION <u>7:15</u> Time _____ Date	COMPLETED _____ Time _____ Date	TOTAL SERVICE & MATERIALS DISCOUNT TAX <u>26</u>	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 NCPSS, did permit me to eat while working.

Employee Name (Print)	Hours	Initials	Employee Number
<u>Fry</u>			
<u>Ramsey</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 H. B. [Signature]
 NABORS COMPLETION & PRODUCTION SERVICES CO.

X _____
 CUSTOMER REPRESENTATIVE