



# NABORS

## FIELD TICKET No.

## 32387

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

DELIVERED FROM Ft. Lupton  
 DATE 12-29-15

<b>INVOICE NO.</b>		<b>P.O. NO.</b>	<b>AFE NO.</b>
<b>CUSTOMER NO.</b>		LEASE <u>Wiedeman</u>	<b>WELL NO.</b> <u>29-5</u>
<b>CUSTOMER</b> <u>PDC</u>		FIELD <u>Wattenberg</u> STATE <u>CO</u>	<b>COUNTY</b> <u>Weld</u>
<b>ADDRESS</b>		<b>LOCATION</b> <u>Hwy 60 &amp; CR 40</u>	
<b>CITY</b>		<b>CASING SIZE &amp; WT.</b> <u>4 1/2</u>	<b>TBG. SIZE</b>
<b>STATE</b>	<b>ZIP</b>	<b>TYPE OF JOB</b> <u>Plug/Cement</u>	
<b>ORDERED BY</b> <u>Eloy</u>		<b>TITLE</b>	<b>SERVICE SUPV.</b> <u>GN</u>

PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT
75 8201111	Set 3rd party, CI BPC 10968		1		2300
70 2101111	Dumpbail 25x5 Cement		1		900

<b>CALLED OUT</b>	<b>ON LOCATION</b>	<b>COMPLETED</b>	<b>TOTAL SERVICE &amp; MATERIALS</b>	<u>3200</u>
Time	Time	Time	<u>(-1590)</u> DISCOUNT	<u>- 480</u>
Date	Date	Date	TAX	

\*ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED

**TOTAL CHARGES** \$2720

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>Amy Sarchet</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 [Signature]  
 CUSTOMER REPRESENTATIVE