

# NABORS

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

FIELD TICKET No.

45- 29429

DELIVERED FROM

Sterling

DATE 9-15-16

<b>INVOICE NO.</b>	P.O. NO.	<b>A/E NO.</b>						
CUSTOMER NO.	LEASE Phinney	<b>WELL NO.</b> 34-10						
CUSTOMER PDC	FIELD STATE CO	<b>COUNTY</b> Weld						
ADDRESS	LOCATION CK 70 & 57							
CITY	CASING SIZE & WT. 4 1/2	<b>TBG. SIZE</b>						
STATE ZIP	Type Of Job CISP / Cem							
ORDERED BY Eloy Cassio	TITLE Adam Frank	<b>SERVICE SUPV.</b>						
PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT			
75-826-1111	3rd Party Plug - STS							
	4 1/2 CISP Set c 6862							
70-210-1111	Dump Bailer - 25x Cem.							
<b>CALLLED OUT</b>  Time _____ Date _____	<b>ON LOCATION</b>  6:52 Time 4-15 Date	<b>COMPLETED</b>  7:45a Time 4-15 Date		<b>TOTAL SERVICE &amp; MATERIALS</b>  <b>DISCOUNT</b>  <b>TAX</b>				
<b>*ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED</b>				<b>TOTAL CHARGES</b>				

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.
Eric S.					

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.

**NABORS COMPLETION & PRODUCTION SERVICES CO.**

CUSTOMER REPRESENTATIVE