



NABORS

FIELD TICKET No.

27094

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

DELIVERED FROM

DATE

10/13/14

INVOICE NO.	P.O. NO.	AFE NO.
CUSTOMER NO.	LEASE <i>Cary Walking A well #1</i>	WELL NO.
CUSTOMER <i>K. P. Kaufman</i>	FIELD <i>Wattenberg</i> STATE <i>610</i>	COUNTY <i>well</i>
ADDRESS	LOCATION <i>SE/NE 21 2N 60W</i>	
CITY	CASING SIZE & WT. <i>4 1/2</i>	TBG. SIZE
STATE	ZIP	TYPE OF JOB <i>P&A</i>
ORDERED BY <i>Ric Ramos</i>	TITLE <i>Brackelsberg</i>	SERVICE SUPV.

PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT
75-805-0100	3/8" HSC w/4 shots				2000 -
70-299-0090	3rd Party Plug setting Chg		@.325	MIN	900 -
75-810-1040	setting Plug Items				1000 -
11/11	Fuel Sur charge				140 94
				Discount	- 545 23

Thank you

CALLED OUT _____ Time _____ Date	ON LOCATION _____ Time _____ Date	COMPLETED _____ Time _____ Date	TOTAL SERVICE & MATERIALS DISCOUNT TAX TOTAL CHARGES <i>\$ 3622 50</i>
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*ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED

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
<i>Amaya</i>			
<i>Hardev</i>			

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



NABORS

FIELD TICKET No.

27093

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

DELIVERED FROM _____

DATE 10-10-14

INVOICE NO.	P.O. NO.	AFE NO.
CUSTOMER NO.	LEASE <u>Cary Walking A</u>	WELL NO. <u>1</u>
CUSTOMER <u>K. P. Kauffman</u>	FIELD <u>Wattenberg STATE Colo</u>	COUNTY <u>Weld</u>
ADDRESS	LOCATION <u>SE/NW sec 21 T2N, R66W</u>	
CITY	CASING SIZE & WT. <u>4 1/2</u>	TBG. SIZE
STATE	ZIP	TYPE OF JOB <u>P&A</u>
ORDERED BY <u>Rick Ramon</u>	TITLE <u>Brackelsberg</u>	SERVICE SUPV.

PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT
75-805-0100	3 1/8" HSC DP w/4 shots	@	950	min	2000 -
70-299-0090	3rd Party Plug Setting Chg	@	900	min	900 -
75-810-1040	Setting Plug Items				1000 -
1111	Fuel Surcharge				140 ⁹⁹ 126 ⁷⁹
				DISCOUNT	126 ⁷⁹
					<u>-545 23</u>

THANK YOU

CALLED OUT _____ Time _____ Date	ON LOCATION _____ Time _____ Date	COMPLETED _____ Time _____ Date	TOTAL SERVICE & MATERIALS DISCOUNT TAX	TOTAL CHARGES <u>3622⁵⁰</u>
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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>Ramona Church</u>			

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NABORS COMPLETION & PRODUCTION SERVICES CO.

CUSTOMER REPRESENTATIVE

White Main Canyon Customer Pink Field