

CEMENT JOB REPORT



CUSTOMER NOBLE ENERGY INC - XML			DATE 02-OCT-14		F.R. # 10011105283		SERV. SUPV. Zachary Fagg						
LEASE & WELL NAME MUIRHEAD #1 - API 05123105450000			LOCATION 1-4N-65W			COUNTY-PARISH-BLOCK Weld Colorado							
DISTRICT Brighton			DRILLING CONTRACTOR RIG # W/O			TYPE OF JOB Plug & Abandon							
SIZE & TYPE OF PLUGS		LIST-CSG-HARDWARE		MECHANICAL BARRIERS		MD	TVD	HANGER TYPES		MD	TVD		
PHYSICAL SLURRY PROPERTIES													
MATERIALS FURNISHED BY BJ			LAB REPORT NO.		SACKS OF CEMENT	SLURRY WGT PPG	SLURRY YLD FT3	WATER GPS	PUMP TIME HR:MIN	Bbl SLURRY	Bbl MIX WATER		
					0	8.34	0	0	03:30	0			
					0	8.3	0	0	00:00	10			
					367	15.8	1.15	5.00	03:30	75	43.65		
					Available Mix Water 120 Bbl. Available Displ. Fluid 120 Bbl. TOTAL 85 43.65								
HOLE			TBG-CSG-D.P.					COLLAR DEPTHS					
SIZE	% EXCESS	DEPTH	ID	OD	WGT.	TYPE	MD	TVD	GRADE	SHOE	FLOAT	STAGE	
14		2400	3.92	4.5	13.5	CSG	2400	2400	N-80				
LAST CASING			PKR-CMT RET-BR PL-LINER				PERF. DEPTH		TOP CONN		WELL FLUID		
ID	OD	WGT	TYPE	MD	TVD	BRAND & TYPE	DEPTH	TOP	BTM	SIZE	THREAD	TYPE	WGT.
8.1	8.63	24	CSG	415	415	NO PACKER		0	0	2.375	8 RND	WATER BASED	12
DISPL. VOLUME		DISPL. FLUID		CAL. PSI	CAL. MAX PSI	OP. MAX	MAX TBG PSI		MAX CSG PSI		MIX WATER		
VOLUME	UOM	TYPE	WGT.	BUMP PLUG	TO REV.	SQ. PSI	RATED	Operator	RATED	Operator			
0	BBLs	Fresh Water	8.34	0	0	0	6160	4361	0	0	TRANSPORT		
Circulation Prior to Job													
Circulated Well: Rig <input checked="" type="checkbox"/> BJ <input type="checkbox"/>						Circulation Time: 1			Circulation Rate: 3 BPM				
Mud Density In: 8.4 LBS/GAL Mud Density Out: 8.4 LBS/GAL						PV & YP Mud In: 0			PV & YP Mud Out: 0				
Gas Present: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> Units:						Solids Present at End of Circulation: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>							
Displacement And Mud Removal													
Displaced By: Rig <input type="checkbox"/> BJ <input type="checkbox"/>						Amount Bled Back After Job: 0 BBLs							
Returns During Job: <input type="checkbox"/> NONE <input type="checkbox"/> PARTIAL <input checked="" type="checkbox"/> FULL						Method Used to Verify Returns: VISUAL							
Cement Returns at Surface: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						Were Returns Planned at Surface: <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES							
Pipe Movement: <input type="checkbox"/> ROTATION <input type="checkbox"/> RECIPROICATION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> UNABLE DUE TO STUCK PIPE													
Centralizers: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES						Quantity:		Type: <input type="checkbox"/> BOW <input type="checkbox"/> RIGID					
Job Pumped Through: <input type="checkbox"/> CHOKE MANIFOLD <input type="checkbox"/> SQUEEZE MANIFOLD <input type="checkbox"/> MANIFOLD <input type="checkbox"/> NO MANIFOLD													
Plugs													
Number of Attempts by BJ: 1						Competition:		Wiper Balls Used: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		Quantity:			
Plug Catcher Used: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES								Parabow Used: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES					
Was There a Bottom: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES								Top of Plug: 0 FT		Bottom of Plug: 605 FT			
Squeezes (Update Original Treatment Report for Primary Job)													
BLOCK SQUEEZE <input type="checkbox"/> SHOE SQUEEZE <input type="checkbox"/> TOP OF LINER SQUEEZE <input type="checkbox"/> PLANNED <input type="checkbox"/> UNPLANNED <input type="checkbox"/>													
Liner Packer: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES						Bond Log: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES		PSI Applied: 0		Fluid Weight: 0 LBS/GAL			
Casing Test (Update Original Treatment Report for Primary Job)													
Casing Test Pressure: 0 PSI						With 0 LBS/GAL Mud		Time Held: 00 Hours 00 Minutes					
Shoe Test (Update Original Treatment Report for Primary Job)													
Depth Drilled out of Shoe: 0 FT						Target EMW: 0 LBS/GAL		Actual EMW: 0 LBS/GAL					
Number of Times Tests Conducted: 0						Mud Weight When Test was Conducted: 0 LBS/GAL							
EXPLANATION: TROUBLE SETTING TOOL, RUNNING CSG, ETC. PRIOR TO CEMENTING: NONE													

CEMENT JOB REPORT



Problems Before Job (I.E. Running Casing, Circulating Well, ETC)

NONE

Problems During Job (I.E. Lost Returns, Equipment Failure, Bulk Delivery, Foaming, ETC)

NONE

Problems After Job (I.E. Gas at Surface, Float Equipment Failed, ETC)

NONE

PRESSURE/RATE DETAIL						EXPLANATION	
TIME HR:MIN.	PRESSURE - PSI		RATE BPM	Bbl. FLUID PUMPED	FLUID TYPE	SAFETY MEETING: BJ CREW <input checked="" type="checkbox"/> CO. REP. <input checked="" type="checkbox"/>	
	PIPE	ANNULUS				TEST LINES	4361 PSI
						CIRCULATING WELL - RIG	<input checked="" type="checkbox"/> BJ <input type="checkbox"/>
10:15	0	0	0	0	N/A	LEFT DISTRICT	
11:02	0	0	0	0	N/A	ARRIVE ON LOCATION	
11:05	0	0	0	0	N/A	SPOT TRUCKS & PRE RIG UP SAFETY MEETING	
12:30	0	0	0	0	N/A	SAFETY MEETING	
12:46	56	0	1	1	H2O	LOAD LINES	
12:52	2181	0	0	0	H2O	LOW PRESSURE TEST	
12:54	4361	0	0	0	H2O	HIGH PRESSURE TEST	
13:01	562	0	1.3	10	H2O	PRE FLUSH	
13:09	853	0	2.2	75	CMNT	15.8 SLURRY	
13:56	0	0	0	0	N/A	SHUT DOWN	
14:20	51	0	3	15	H2O	WASH UP	
14:35	0	0	0	0	N/A	SHUT DOWN	
14:37	0	0	0	0	N/A	WASHED OUT LINES FOR COMPANY MAN	
14:42	0	0	0	0	N/A	RIG DOWN SAFETY MEETING	
BUMPED PLUG		PSI TO BUMP PLUG	TEST FLOAT EQUIP.	BBL.CMT RETURNS/ REVERSED	TOTAL BBL. PUMPED	PSI LEFT ON CSG	SPOT TOP OUT CEMENT
Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		0	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	2	85	0	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
						Service Supervisor Signature:	

CEMENT JOB REPORT



CUSTOMER NOBLE ENERGY INC - XML				DATE 02-OCT-14		F.R. # 10011104721		SERV. SUPV. ROBERT HORAN							
LEASE & WELL NAME MUIRHEAD #1 - API 05123105450000				LOCATION 1-4N-65W				COUNTY-PARISH-BLOCK Weld Colorado							
DISTRICT Brighton				DRILLING CONTRACTOR RIG # WO				TYPE OF JOB Plug & Abandon							
SIZE & TYPE OF PLUGS		LIST-CSG-HARDWARE		MECHANICAL BARRIERS		MD	TVD	HANGER TYPES		MD	TVD				
NONE				Retainers		2400	2400	NONE							
MATERIALS FURNISHED BY BJ				LAB REPORT NO.		PHYSICAL SLURRY PROPERTIES									
						SACKS OF CEMENT	SLURRY WGT PPG	SLURRY YLD FT ³	WATER GPS	PUMP TIME HR:MIN	Bbl SLURRY	Bbl MIX WATER			
Fresh Water				N/A		0	8.34	0	0	03:30	6				
Fresh Water				N/A		0	8.3	0	0	00:00	10				
Cement Slurry				N/A		75	15.8	1.15	5.00	00:00	15.33	8.93			
Cement Slurry				N/A		100	15.8	1.15	5	03:00	20.48	11.90			
Available Mix Water 120 Bbl.				Available Displ. Fluid 120 Bbl.				TOTAL		51.81 20.83					
HOLE			TBG-CSG-D.P.						COLLAR DEPTHS						
SIZE	% EXCESS	DEPTH	ID	OD	WGT.	TYPE	MD	TVD	GRADE	SHOE	FLOAT	STAGE			
10		1470	3.92	4.5	13.5	CSG	1470	1470	P-110						
LAST CASING			PKR-CMT RET-BR PL-LINER			PERF. DEPTH			TOP CONN		WELL FLUID				
ID	OD	WGT	TYPE	MD	TVD	BRAND & TYPE		DEPTH	TOP	BTM	SIZE	THREAD	TYPE	WGT.	
8.1	8.63	24	CSG	415	415	NO PACKER			0	0	2.375	8 RND	WATER BASED	8.34	
DISPL. VOLUME		DISPL. FLUID		CAL. PSI		CAL. MAX PSI		OP. MAX		MAX TBG PSI		MAX CSG PSI		MIX WATER	
VOLUME	UOM	TYPE		WGT.		BUMP PLUG		TO REV.		SQ. PSI		RATED			Operator
15.5	BBSL	Fresh Water		8.34		0		0		6160		3000		0	
Circulation Prior to Job															
Circulated Well: Rig <input checked="" type="checkbox"/> BJ <input type="checkbox"/>						Circulation Time: 1				Circulation Rate: 2 BPM					
Mud Density In: 8.34 LBS/G						Mud Density Out: 8.34 LBS/GAL				PV & YP Mud In: 0				PV & YP Mud Out: 0	
Gas Present: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>						Units:				Solids Present at End of Circulation: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>					
Displacement And Mud Removal															
Displaced By: Rig <input type="checkbox"/> BJ <input checked="" type="checkbox"/>						Amount Bled Back After Job: 1 BBSL									
Returns During Job: <input type="checkbox"/> NONE <input type="checkbox"/> PARTIAL <input checked="" type="checkbox"/> FULL						Method Used to Verify Returns: VISUAL									
Cement Returns at Surface: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						Were Returns Planned at Surface: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES									
Pipe Movement: <input type="checkbox"/> ROTATION <input type="checkbox"/> RECIPROCATION <input checked="" type="checkbox"/> NONE <input type="checkbox"/> UNABLE DUE TO STUCK PIPE															
Centralizers: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES						Quantity:				Type: <input type="checkbox"/> BOW <input type="checkbox"/> RIGID					
Job Pumped Through: <input type="checkbox"/> CHOKE MANIFOLD <input type="checkbox"/> SQUEEZE MANIFOLD <input type="checkbox"/> MANIFOLD <input type="checkbox"/> NO MANIFOLD															
Plugs															
Number of Attempts by BJ:						Competition:				Wiper Balls Used: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES Quantity:					
Plug Catcher Used: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES										Parabow Used: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES					
Was There a Bottom: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES										Top of Plug: FT Bottom of Plug: FT					
Squeezes (Update Original Treatment Report for Primary Job)															
BLOCK SQUEEZE <input type="checkbox"/>						SHOE SQUEEZE <input type="checkbox"/>				TOP OF LINER SQUEEZE <input type="checkbox"/>					
										PLANNED <input type="checkbox"/> UNPLANNED <input type="checkbox"/>					
Liner Packer: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES						Bond Log: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES				PSI Applied: 0 Fluid Weight: 0 LBS/GAL					
Casing Test (Update Original Treatment Report for Primary Job)															
Casing Test Pressure: 0 PSI						With 0 LBS/GAL Mud				Time Held: 00 Hours 00 Minutes					
Shoe Test (Update Original Treatment Report for Primary Job)															
Depth Drilled out of Shoe: 0 FT						Target EMW: 0 LBS/GAL				Actual EMW: 0 LBS/GAL					
Number of Times Tests Conducted: 0										Mud Weight When Test was Conducted: 0 LBS/GAL					

CEMENT JOB REPORT



Problems Before Job (I.E. Running Casing, Circulating Well, ETC)
NONE

Problems During Job (I.E. Lost Returns, Equipment Failure, Bulk Delivery, Foaming, ETC)
NONE

Problems After Job (I.E. Gas at Surface, Float Equipment Failed, ETC)
NONE

EXPLANATION: TROUBLE SETTING TOOL, RUNNING CSG, ETC. PRIOR TO CEMENTING: NONE

PRESSURE/RATE DETAIL						EXPLANATION			
TIME HR:MIN.	PRESSURE - PSI		RATE BPM	Bbl. FLUID PUMPED	FLUID TYPE	SAFETY MEETING: BJ CREW <input checked="" type="checkbox"/> CO. REP. <input checked="" type="checkbox"/>			
	PIPE	ANNULUS				TEST LINES 4186 PSI			
						CIRCULATING WELL - RIG <input checked="" type="checkbox"/> BJ <input type="checkbox"/>			
05:00	0	0	0	0	N/A	YARD CALL			
05:45	0	0	0	0	N/A	SAFETY MEETING			
06:00	0	0	0	0	N/A	LEAVE YARD			
07:00	0	0	0	0	N/A	ARRIVE LOCATION			
07:05	0	0	0	0	N/A	STAGE TRUCKS			
09:35	0	0	0	0	N/A	SAFETY MEETING			
11:06	76	0	.8	1	H2O	LOAD LINES			
11:07	4186	0	0	0	H2O	PRESSURE TEST			
11:12	602	0	2.3	1	H2O	SPACER			
11:18	351	0	2.4	17	CMT	BATCH WEIGH PUMP 15.8 #			
11:25	76	0	2.4	15	H2O	DISPLACEMENT			
11:32	0	0	0	0	N/A	SHUT DOWN/ RIG PULLING STANDS			
15:17	322	0	.8	1		LOAD LINES			
15:22	4136	0	0	0	H2O	PRESSURE TEST			
15:24	884	0	2.4	1	H2O	SPACER			
15:29	1203	0	2.2	17	CMT	BATCH, WEIGH, PUMP 15.8#			
15:47	450	0	1.2	7	H2O	DISPLACEMENT			
15:58	0	0	0	0	N/A	SHUT DOWN / WASH UP			
15:54	0	0	0	0	N/A	SHUT DOWN/ STING OUT			
15:56	126	0	1.2	2.5	H2O	DISPLACEMENT			
16:10	0	0	0	0	N/A	SAFETY MEEETING / DONE			
BUMPED PLUG		PSI TO BUMP PLUG	TEST FLOAT EQUIP.	BBL.CMT RETURNS/ REVERSED	TOTAL BBL. PUMPED	PSI LEFT ON CSG	SPOT TOP OUT CEMENT	Service Supervisor Signature:	
Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		0	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	0	0	0	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		



NABORS

FIELD TICKET No.

- 27082

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

DELIVERED FROM _____
 DATE 10-1-14

INVOICE NO.		P.O. NO.	AFE NO.
CUSTOMER NO.		LEASE <u>Muirhead 1-1</u>	WELL NO.
CUSTOMER <u>Noble</u>		FIELD <u>Wattenberg</u> STATE <u>Colo</u>	COUNTY <u>weld</u>
ADDRESS		LOCATION <u>SW/SW sec1, T4N, R65W</u>	
CITY		CASING SIZE & WT. <u>4 1/2"</u>	TBG. SIZE
STATE	ZIP	TYPE OF JOB	

ORDERED BY Tyson Hamacher TITLE Brackelsberg SERVICE SUPV. _____

PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT
70-210-1000	Service Chg 10-1-14				
299-0200	Dump Bail 25x Cement into Plug @ 6970				
1111	Fuel Surcharge				
			Discount		
	P.E. A				
	MUIR HEAD 1-1				
	RC425777532				
	970-1/0052				
	<i>[Signature]</i>				

CALLED OUT _____ Time _____ Date		ON LOCATION _____ Time _____ Date		COMPLETED _____ Time _____ Date		TOTAL SERVICE & MATERIALS _____ DISCOUNT _____ TAX _____		TOTAL CHARGES _____	
--	--	---	--	---------------------------------------	--	---	--	------------------------	--

*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.

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 NCPSS, did permit me to eat while working.
<u>Amaya Harder</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 _____
 CUSTOMER REPRESENTATIVE

27083

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

DELIVERED FROM:


DATE _____

10/2/14

INVOICE NO.	P.O. NO.	A/E NO.
CUSTOMER NO.	LEASE <i>Muirhead 1-1</i>	WELL NO.
CUSTOMER <i>Noble</i>	FIELD <i>Wattenberg</i> STATE <i>Colo</i>	COUNTY <i>Weld</i>
ADDRESS	LOCATION <i>SW/SW Sec. 1, T4N, R65W</i>	
CITY	CASING SIZE & WT. <i>4 1/2</i>	TBG. SIZE
STATE	TYPE OF JOB <i>Perf</i>	
ZIP		

ORDERED BY Tyran Hamacher TITLE Brackelsberg SERVICE SUPV. _____

[illegible]

CALLED OUT	ON LOCATION	COMPLETED	TOTAL SERVICE & MATERIALS	
_____ Time	_____ Time	 _____ Time	DISCOUNT	
_____ Date	_____ Date	_____ Date	TAX	

***ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED**

*ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED	TOTAL CHARGES
---	---------------

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	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.	employer NCPS, did permit me to eat while working.
Amaya					
Harder					

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



NABORS

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

FIELD TICKET No.

27085

DELIVERED FROM _____

DATE

10-3-14

INVOICE NO.		P.O. NO.	AFE NO.
CUSTOMER NO.		LEASE <i>Muirhead 1-1</i>	WELL NO.
CUSTOMER <i>Noble</i>		FIELD <i>Wattenburg</i> STATE <i>Colo</i>	COUNTY <i>Weld</i>
ADDRESS		LOCATION <i>WCR 47+48, N 1/4, E+S into</i>	
CITY		CASING SIZE & WT. <i>4 1/2"</i>	TBG. SIZE
STATE	ZIP	TYPE OF JOB <i>P+A</i>	

ORDERED BY *Tyson Hammer* TITLE *Brackelsberg* SERVICE SUPV.

PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT
70-255-0100	PACK off equipment				
70-210-1000	SERVICE CHG				
70-215-0003	4 1/2" CASING "Collar Buster" @		624'		
1111	FUEL SURCHARGE				
				DISCOUNT	
	P+A				
	Muirhead 1-1				
	201416				
	910-1/0052				
	OCT 03 14				

CALLED OUT _____ Time _____ Date	ON LOCATION <i>Tyson Hammer</i> _____ Time _____ Date	COMPLETED _____ Time _____ Date	TOTAL SERVICE & MATERIALS
			DISCOUNT
			TAX

*ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED

TOTAL CHARGES

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 NCPSS did permit me to eat while working.
<i>Amara Harder</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 *NY*
 NABORS COMPLETION & PRODUCTION SERVICES CO.

X
 CUSTOMER REPRESENTATIVE