



NABORS

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

FIELD TICKET No.

27177

DELIVERED FROM 45DATE 11-6-14

INVOICE NO.		P.O. NO.	AFE NO.
CUSTOMER NO.		LEASE <u>State 16-13</u>	WELL NO.
CUSTOMER <u>KPK</u>		FIELD <u>Wathuly</u> STATE <u>CO</u>	COUNTY <u>Weld</u>
ADDRESS		LOCATION <u>Acc 15 17 + 30</u>	<u>Alpine hoo</u>
CITY		CASING SIZE & WT. <u>4 1/2"</u>	TBG. SIZE
STATE	ZIP	TYPE OF JOB <u>Miscellaneous</u>	
ORDERED BY <u>Ranos</u>		TITLE	SERVICE SUPV.

PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT
75-820-0045	Set 4 1/2" CIRP (Retro)	7340'			\$ 2400
70-299-0200	Drip Pan (cement 25x)	7340'			\$ 1835
70-299-0050	So. Tools 4 shafts	6500'			\$ 1000
75-820-0045	Set 4 1/2" cement Retainer	6400'			\$ 2400
70-210-111	Fld Charge				\$ 224
					<u>\$ 7859</u>
					<u>\$ 1235</u>

Handwritten signature/initials

CALLED OUT _____ Time _____ Date	ON LOCATION _____ Time _____ Date	COMPLETED _____ Time _____ Date	TOTAL SERVICE & MATERIALS DISCOUNT TAX TOTAL CHARGES <u>\$ 6624</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>John M. Stewart, Sr.</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

White - Main Canary - Customer Pink - Field



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 DALLAS, TX 75397-5682
 435-725-5344

FIELD TICKET No. 20664
 DELIVERED FROM 45
 DATE 11-8-14

CUSTOMER NO. _____ LEASE State WELL NO. 16-13 INVOICE NO. _____

CUSTOMER KPK FIELD Perm Perm STATE TX COUNTY Gregg P.O. NO. _____

ADDRESS _____ LOCATION APR 15 7 + 30 CASING SIZE & WT. 4 1/2" TBG. SIZE _____ AFE NO. _____

CITY _____ STATE _____ ZIP _____ TYPE OF JOB Sg hole - CMT Retainer

ORDERED BY Rick Ramos TITLE _____ SERVICE SUPV. _____

PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	DISC.	AMOUNT
70-299-0050	Sg hole 4 1/2" at 450'					\$1000
75-820-006	Set 4 1/2" Retainer at 380'					\$2900
70-210-000	Service Charge					\$1500
70-210-1111	Field Charge					\$122
						\$3022
						\$1160
						\$28.0%
						\$1900

WITH MY INITIALS, I CONFIRM THAT THE TIME SHOWN IN THE "HOURS" COLUMN, ACCURATELY REFLECTS MY COMPENSABLE TIME.

Employee Name (Print) _____

Rick Ramos

ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED

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Y _____ X *Rick Ramos*
 NABORS COMPLETION & PRODUCTION SERVICES CO. CUSTOMER REPRESENTATIVE