



# NABORS

FIELD TICKET No.

27390

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

DELIVERED FROM \_\_\_\_\_  
DATE 8-19-15

*05-123-18976*

INVOICE NO.	P.O. NO.	AFE NO.
CUSTOMER NO.	LEASE <i>UPV 31-763</i>	WELL NO.
CUSTOMER <i>Noble</i>	FIELD <i>Wattenberg</i> STATE <i>Colo</i>	COUNTY <i>Weld</i>
ADDRESS	LOCATION <i>SW/NE 31 6N 63W</i>	
CITY	CASING SIZE & WT. <i>3 1/2 7.7#</i>	TBG. SIZE
STATE	ZIP	TYPE OF JOB <i>P+A</i>

ORDERED BY *Kevin Monaghan* TITLE *Brackelsberg* SERVICE SUPV. \_\_\_\_\_

PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT
	<i>PACK OFF</i>				
	<i>Flange Rental</i>				
	<i>Provide &amp; Set CIBP @ 6721</i>				
			<i>P+A</i>		
			<i>UPV 31-0763</i>		
			<i>20266</i>		
			<i>97010/0052</i>		
					<i>Thank you!</i>

CALLED OUT <i>6:00</i> Time _____ Date	ON LOCATION <i>7:30</i> Time _____ Date	COMPLETED <i>8:45</i> Time _____ Date	TOTAL SERVICE & MATERIALS DISCOUNT TAX
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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 NCPS, did permit me to eat while working.

Employee Name (Print)	Hours	Initials	Employee Number
<i>Ramsley</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 *[Signature]*  
NABORS COMPLETION & PRODUCTION SERVICES CO.

X *K. Monaghan*  
CUSTOMER REPRESENTATIVE



# NABORS

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 P.O. BOX 975682  
 DALLAS, TX 75397-5682  
 435-725-5344

FIELD TICKET No.

27391

DELIVERED FROM

DATE

8-20-19

05-123-18976

INVOICE NO.	P.O. NO.	AFE NO.
CUSTOMER NO.	LEASE <b>UPV 31-7 G3</b>	WELL NO.
CUSTOMER <b>Noble</b>	FIELD <b>WATTENBERG</b> STATE <b>Colo</b>	COUNTY <b>Weld</b>
ADDRESS	LOCATION <b>SW/NE 31.6N 63W</b>	
CITY	CASING SIZE & WT. <b>3 1/2" 7.7#</b>	TBG. SIZE
STATE	ZIP	TYPE OF JOB <b>PTA.</b>

ORDERED BY <b>K. Monaghan</b>	TITLE <b>Brackelberg</b>	SERVICE SUPV.
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PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT
	<b>PACK OFF</b>				
	<b>Jet Cut 3 1/2" casing @ 2500'</b>				
	<b>PTA</b>				
	<b>UPV 31-07G3</b>				
	<b>202261</b>				
	<b>970.10/0052</b>				

Thank  
you!

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

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
<b>Church Ramsey</b>			

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X

NABORS COMPLETION &amp; PRODUCTION SERVICES CO.

X

CUSTOMER REPRESENTATIVE



# NABORS

FIELD TICKET No.

- 27392

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

DELIVERED FROM \_\_\_\_\_

DATE

8/21/1505-123-18976

<b>INVOICE NO.</b>		P.O. NO.	AFE NO.
CUSTOMER NO.		LEASE <u>U.P.V 31-7G3</u>	WELL NO.
CUSTOMER <u>Noble</u>	FIELD <u>Wattenburg</u> STATE <u>Colo</u>		COUNTY <u>Weld</u>
ADDRESS		LOCATION <u>SW/NE 31 6N 63W</u>	
CITY	CASING SIZE & WT. <u>3 1/2</u>		TBG. SIZE
STATE	ZIP	TYPE OF JOB <u>P+A</u>	
ORDERED BY <u>K. Monaghan</u>		TITLE <u>Brackelberg</u>	SERVICE SUPV.

PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT
	<u>Pack off equip</u>				
	<u>Jet Cut 3 1/2" CASING @ 800'</u>				
	<u>P+A</u>				
	<u>UPV 31-07G3</u>				
	<u>202661</u>				
	<u>970.10/0052</u>				
	<u>FSB</u>				

Thank You!

CALLED OUT <u>7:00A</u> Time _____ Date	ON LOCATION <u>9:40A</u> Time _____ Date	COMPLETED <u>10:45</u> 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.

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<u>Church Ramsey</u>			

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X [Signature]  
 NABORS COMPLETION & PRODUCTION SERVICES CO.

X K. Monaghan  
 CUSTOMER REPRESENTATIVE