



NABORS

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

FIELD TICKET No.

27883

DELIVERED FROM 1-9-15
 DATE 15

INVOICE NO.		P.O. NO.	AFE NO.
CUSTOMER NO.		LEASE <u>SLW Rgnk 14-7</u>	WELL NO.
CUSTOMER <u>A.D.C.</u>		FIELD <u>Wathly</u>	STATE <u>cc</u> COUNTY <u>Wald</u>
ADDRESS		LOCATION <u>WCR 61+62</u>	
CITY		CASING SIZE & WT. <u>4 1/2"</u>	TBG. SIZE
STATE	ZIP	TYPE OF JOB <u>Gyro CIBP+can</u>	

ORDERED BY <u>Chavez</u>		TITLE				SERVICE/SUPV.	
PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT		
70-210-1111	Convey Gyro		6600'	\$.25/Hr	\$ 2310		
75-820-0045	Set 4 1/2" STS Plug		6695'		\$ 2100		
70-299-0200	Deep Bail 23x CM		6695'	\$.25/Hr	\$ 1661		
70-210-1111	Fuel Charge				\$ 182		
					\$ 6253		
					Sub 1393% - \$ 871		

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CALLED OUT _____ Time _____ Date	ON LOCATION _____ Time _____ Date	COMPLETED _____ Time _____ Date	TOTAL SERVICE & MATERIALS DISCOUNT TAX
*ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED			TOTAL CHARGES <u>\$ 5382</u>

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 NCPS, did permit me to eat while working.
<u>J. M. Shuck Steve 6</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 Edouardo Chavez
 CUSTOMER REPRESENTATIVE

WALTER CORPORATION

Walter Corporation, LLC 33250 CR 53 Gill, CO 80624

Office: 970.301.2028

Fax: 970.284.6682

Field Ticket #

13384

Date

1/10/2015

Nº 13384

Bill To Customer:		P D C	PO#	Lease Name:		SLW Ranch	Well #	14-7
Address:		3801 Carson Ave		County:	Weld	CO	Invoice \	
City:		Evans		Job Type:			OCSG #:	
State:		CO	Zip: 80620	Casing Sz & Wt:				
Ordered By:				Service Man				
NO.	RENTALS/SALES			QTY	PRICE	DSC	TOTAL	
1	Sale of 4 1/2 D & H CIBP			1	1,100.00		\$1,100.00	
2							0.00	
3							0.00	
4							0.00	
5							0.00	
6							0.00	
7							0.00	
8							0.00	
9							0.00	
10							0.00	
11							0.00	
12							0.00	
13							0.00	
14							0.00	
Subtotal Taxable Charges							\$1,100.00	
SERVICE MANS TIME								
							\$0.00	
							0.00	
							0.00	
							0.00	
Subtotal Non-Taxable Charges							\$0.00	
MILEAGE								
							\$0.00	
							0.00	
							0.00	
							0.00	
Subtotal Non-Taxable Charges							\$0.00	
Terms: Net 30 Days							Total Service & Material:	\$1,100.00
							Tax:	\$31.90
							TOTAL CHARGES:	\$1,131.90

Authorized Agent: _____

Date: _____

<input checked="" type="checkbox"/> NORTH SEEKING GYRO	<input type="checkbox"/> ORIENTATION	<input type="checkbox"/> MWD RETRIEVAL
<input type="checkbox"/> DROP	<input checked="" type="checkbox"/> WIRELINE SERVICES	<input type="checkbox"/> SINGLE SHOT
<input type="checkbox"/> MEMORY/SLICK LINE	<input type="checkbox"/> EMMT	<input type="checkbox"/> TEMP LOG
<input checked="" type="checkbox"/> REAL TIME	<input type="checkbox"/> CORING	<input type="checkbox"/> INFLEX

Customer: PDC Energy Job Number: _____
Address: 3801 Carson Ave AFE Number: _____
City & State: Evans CO Zip: 80620 Rig Number: Production/Nabors
Well Name: SLW Ranch 14-7 Location: Weld County Colorado

Start Date:	Start Time:	Stop Date:	Stop Time:	Totals
<u>1-9-15</u>	<u>10:00am</u>	<u>1-9-15</u>		
Survey: From	To	Ft. @	Per Ft.	
	<u>0</u>			<u>\$ 300.00</u>
Days Equipment	Days	@		
	<u>1</u>	<u>N/K</u>		
Days Survey Engineer:	Days	@		
	<u>1</u>	<u>N/K</u>		
Mileage:		Miles Surveyor:		
<u>100 RTM</u>		<u>@ \$ 2.50 per mile</u>		<u>\$ 250.00</u>

Wireline Job Number: _____

Start Date:	Start Time:	Stop Date:	Stop Time:	
Wireline Charge:	Days	@		
Days Wireline Operator:	Days	@		
Mileage:		Wireline Truck:		

Customer: x Eduardo Chavez Company Rep: Norman Cortez

	Additional Services:	Sub Total:
		<u>\$ 3250.00</u>
LAT	<u>40.40801</u>	
LONG	<u>-104.48706</u>	Bid Price:
RKB	<u>Ground Level</u>	Discount:
	Field Estimate Only, Discounts Applied in Office	Total:
	Thank You for your Business	

NOTES: Thank You

CO-MAN: Eduardo Chavez
ENG: _____
API: 05-123-20500
GYRO: 235
VIN #: 8267