



NABORS

FIELD TICKET No.

- 28690

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

DELIVERED FROM _____

DATE 9-9-15

INVOICE NO.		P.O. NO.		AFE NO.	
CUSTOMER NO.		LEASE <u>Youngs 13</u>		WELL NO.	
CUSTOMER <u>Young Gas Storage Company / K.M.</u>		FIELD <u>Youngs</u>	STATE <u>Colo</u>	COUNTY <u>Morgan</u>	
ADDRESS <u>2 N. Nevada</u>		LOCATION			
CITY <u>Colorado Springs</u>		CASING SIZE & WT. <u>5 1/2</u>		TBG. SIZE	
STATE <u>Co</u>	ZIP <u>80903</u>	TYPE OF JOB <u>P+M</u>			

ORDERED BY Jim V TITLE _____ SERVICE SUPV. K.C

PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT
70-250-1111	Gause Run		1		644 ⁻
70-210-1111	Dump Bailer		3	724 ⁵⁰	2,173 ⁵⁰
75-810-1111	Squib for Bailer		1		241 ⁵⁰
75-820-1111	Set + Furnish 5 1/2 CIBPS		2	1851 ⁵⁰	3,703 ⁻
70-250-1111	Crane Per Day		1		750 ⁻
70-250-1111	Pack o/p + Flange		1		483 ⁻
	Dump 2 sack Cement @ 5760'				
	5 1/2 CIBP @ 2500'				
	2 sacks Cement @ 2500'				
	5 1/2 CIBP @ 745'				
	2 sacks Cement @ 745'				

CALLED OUT _____ Time _____ Date	ON LOCATION <u>8:00</u> Time <u>9-9</u> Date	COMPLETED <u>12:00</u> Time <u>9-9</u> Date	TOTAL SERVICE & MATERIALS
			DISCOUNT
			TAX

*ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED

TOTAL CHARGES 7,995

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
<u>Herrick, M. Ilton</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

NABORS

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

FIELD TICKET No.

28691

DELIVERED FROM

DATE 9-14-15

INVOICE NO.	P.O. NO.	AFE NO.
CUSTOMER NO.	LEASE <i>Young #13</i>	WELL NO.
CUSTOMER <i>Young Gas Storage Company</i>	FIELD <i>Young</i>	STATE <i>Colo</i> COUNTY <i>Morgan</i>
ADDRESS <i>Kinder Morgan</i>	LOCATION	
CITY	CASING SIZE & WT. <i>5 1/2</i>	TBG. SIZE
STATE ZIP	TYPE OF JOB <i>P+A</i>	

ORDERED BY <u>Jim V</u>	TITLE	SERVICE SUPV. <u>K.C</u>
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[illegible]

CALLED OUT		ON LOCATION		COMPLETED		TOTAL SERVICE & MATERIALS		
_____ Time		8:00 _____ Time		9:15 _____ Time		DISCOUNT		
_____ Date		9-14 _____ Date		9-14 _____ Date		TAX		

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

	FOUR SAMPLES	5/5
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WITH MY INITIALS, I CONFIRM THAT THE TIME SHOWN IN THE "HOURS" COLUMN, ACCURATELY REFLECTS MY COMPENSABLE TIME.


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I hereby attest that my employer NCPS, did permit me to eat while working.

Employee Name (Print)	Hours	Initials	Employee Number	Signature of Employee	Signature of Supervisor
Herrick, Milton					

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X 
NABORS COMPLETION & PRODUCTION SERVICES CO.

X 
CUSTOMER REPRESENTATIVE