



NABORS

FIELD TICKET No. _____

32501

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

DELIVERED FROM 45

DATE _____

INVOICE NO.		P.O. NO.	AFE NO.
CUSTOMER NO.		LEASE <u>State Lease 5519 41.8</u>	WELL NO.
CUSTOMER <u>PDC</u>		FIELD <u>Wathley</u>	STATE <u>CC</u> COUNTY <u>Wald</u>
ADDRESS		LOCATION <u>WCR 61+HW/388</u>	
CITY		CASING SIZE & WT. <u>4 1/2"</u>	TBG. SIZE
STATE	ZIP	TYPE OF JOB <u>Plug + cut</u>	
ORDERED BY <u>Bow</u>		TITLE	SERVICE SUPV.

PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT
<u>25-820-1111</u>	<u>Set 4 1/2 STS CIBD</u>		<u>6725'</u>		<u>\$2300</u>
<u>20-299-1111</u>	<u>Dump Bail 2x Cut</u>		<u>6725'</u>		<u>\$900</u>
					<u>\$3200</u>
<u>The Y. Ryan</u>					
					<u>plus 15% - (\$480)</u>

CALLED OUT _____ Time _____ Date	ON LOCATION _____ Time _____ Date	COMPLETED _____ Time _____ Date	TOTAL SERVICE & MATERIALS DISCOUNT TAX
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*ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED TOTAL CHARGES \$2720

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	<small>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.</small>	<small>I hereby attest that my employer NCPSS, did permit me to eat while working.</small>
<u>John M. Stark T.K.</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. _____

- 32520

DELIVERED FROM 45

DATE 9-14-15

INVOICE NO.	P.O. NO.	AFE NO.
CUSTOMER NO.	LEASE <u>State 5519 44-8</u>	WELL NO.
CUSTOMER <u>PDC</u>	FIELD <u>Waltham</u> STATE <u>10</u>	COUNTY <u>Wald</u>
ADDRESS	LOCATION <u>20 Park</u>	
CITY	CASING SIZE & WT. <u>4 1/2"</u>	TBG. SIZE
STATE	TYPE OF JOB <u>Jet out</u>	
ORDERED BY <u>Sailing</u>	TITLE	SERVICE SUPV.

PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT
<u>20-255-0100</u>	<u>Pack-off</u>				<u>\$ 400</u>
<u>20-252-1111</u>	<u>Jet out 4 1/2"</u>		<u>3550'</u>		<u>\$ 3200</u>
					<u>\$ 3600</u>
	<u>Theft of tool</u>		<u>Loss</u>	<u>15% -</u>	<u>\$ 540</u>

CALLED OUT _____ Time _____ Date	ON LOCATION _____ Time _____ Date	COMPLETED _____ Time _____ Date	TOTAL SERVICE & MATERIALS DISCOUNT TAX	TOTAL CHARGES <u>\$ 3060</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 NCPS, did permit me to eat while working.

Employee Name (Print)	Hours	Initials	Employee Number
<u>Jacob M. Shuck T.H.K.</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

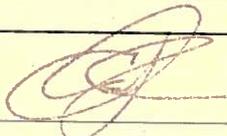


113 6th Ave.
Greeley, CO 80631

Office: 970-378-0400
Fax: 970-378-0700

Ticket # CO 10107

Customer Name <i>P.D.C</i>	Date of Service <i>9/15/15</i>		
Location <i>State 5519-448</i>	Driver <i>GUSTAVO</i>		
Equipment <i>BTR-101</i>	Ordered By <i>GUSTAVO</i>		
Description	Quantity	Rate	Total
<i>P & A Charge</i>	<i>1</i>	<i>2000⁰⁰</i>	<i>2000⁰⁰</i>
<i>MILEAGE</i>	<i>60</i>	<i>4⁰⁰</i>	<i>240⁰⁰</i>
<i>9 cement</i>		<i>15⁰⁰</i>	
<i>Data Acquisition Fee</i> (<i>2 bbl return to cement tank</i>)	<i>1</i>	<i>225⁰⁰</i>	<i>225⁰⁰</i>
<i>IRON INSPECTION</i>	<i>1</i>	<i>500⁰⁰</i>	<i>500⁰⁰</i>
<i>SUGAR</i>	<i>50</i>	<i>2⁰⁰</i>	<i>100⁰⁰</i>
<i>Session BIVA = 12</i>			
<i>Tony Mota = 12</i>			
<i>Felipe Espino = 12</i>			
		<i>total = \$</i>	<i>13,265⁰⁰</i>

Company Rep Signature *Gustavo Jaime* 

White - Customer copy
Canary - Houston copy
Pink - Rig copy
Gold - Field copy (stays in book)

Data Tracking Report for PDC

Prepared by

Job Summary

Contact Chad Sailors

Date September 15,

Email

Start Time 2:14:17 PM

Phone 970-373-6243

End Time 3:37:08 PM

Lease state lease 5519-448

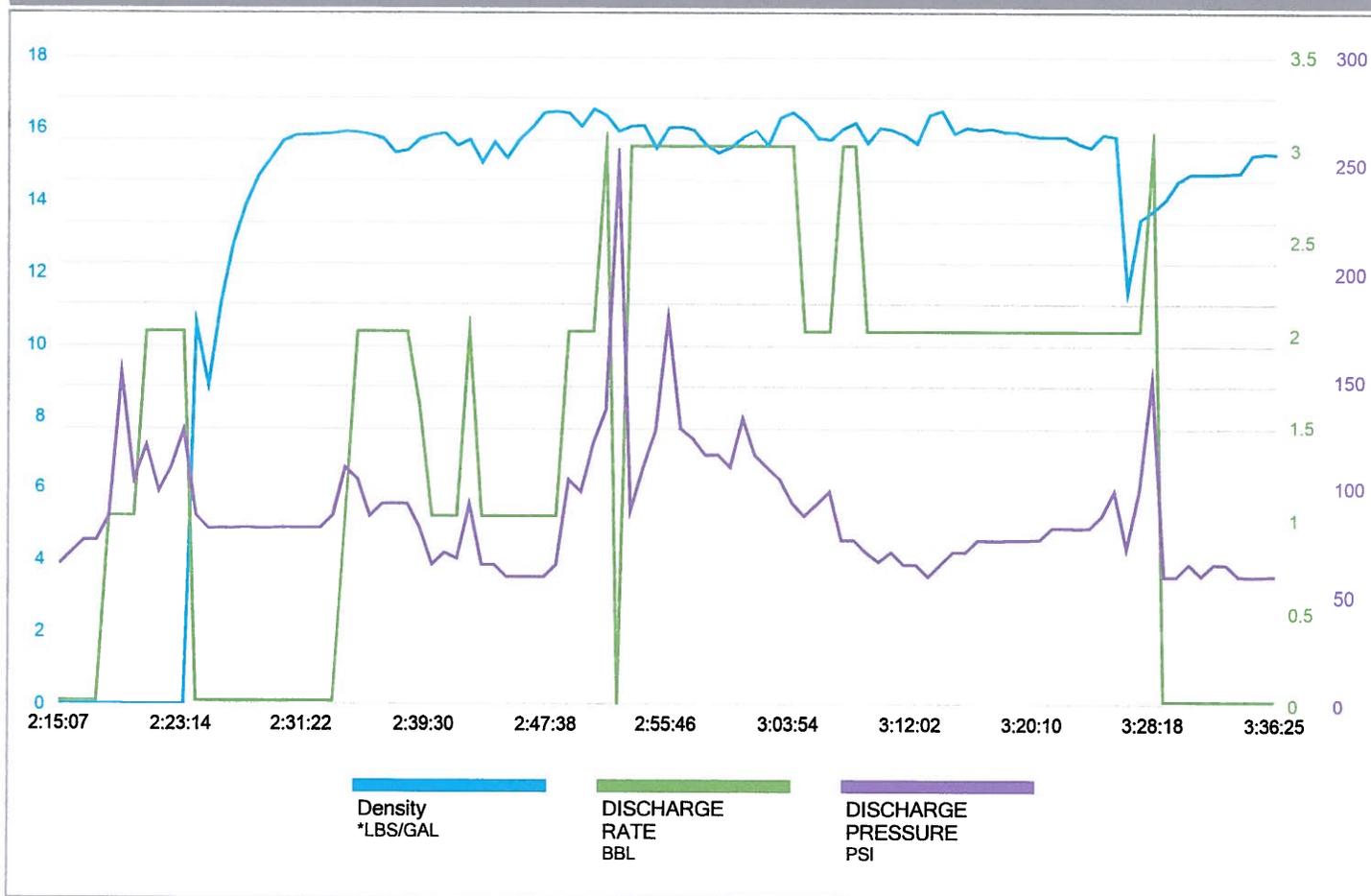
Notes company man Chad Sailors 970-373-6243

County weld

State Co

Formation

state lease 5519-448



Data Tracking Report for PDC

Prepared
by

Job Details

Pressure

Breakdown
Average
Maximum
Displacement

Volume

Load and Bkdn
Treatment
Pad
Displ
Total Volume

Average Rates

Treating
Displ
Overall

Chemicals

Propel
Chem1
Chem2

Shut-in Pressure

Instant
5-Min
10-Min
15-Min

Hydraulic Horsepower

Used

Event Log

Time	Pump 1 Pressure, KPA	Pump 1 Flow, BBL	Pump 1 Total, BBL		Description of Stage or Event
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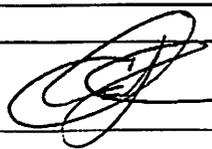


113 6th Ave.
Greeley, CO 80631

Office: 970-378-0400
Fax: 970-378-0700

Ticket # CO 10107

Customer Name P.D.C.	Date of Service 9/15/15
Location State 5519-448	Driver GUSTAVO
Equipment BTR-101	Ordered By GUSTAVO
Description	Quantity
P & A Charge	1
MILEAGE	60
Cement (2 bbl return to cement tank)	680
DATA Acquisition Fee	1
IRON INSPECTION	1
SUGAR	50
Sergio Alva = 12 Tony Mota = 12 Felipe Espino = 12	

Company Rep Signature Gustavo Jaime 

White - Customer copy
Canary - Houston copy
Pink - Rig copy
Gold - Field copy (stays in book)