

NABORS

FIELD TICKET No.

32609

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

DELIVERED FROM

DATE _____

05-123-~~1245~~ 19101
BWD 15-0308

INVOICE NO.	P.O. NO.	AFE NO.
CUSTOMER NO.	LEASE Dechant Farms 16-36	WELL NO.
CUSTOMER Noble Energy	FIELD Wattenberg, STATE Colo	COUNTY weld
ADDRESS	LOCATION SE/SE 36 3N 65W	
CITY	CASING SIZE & WT. 4 1/2	TBG. SIZE
STATE ZIP	TYPE OF JOB Plug, Cement, Plug, Cement Cut	
ORDERED BY Kevin Monaghan	TITLE Brackelsberg	SER

PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	
75-810-1111	PACK off flange Rental				
75-820-1111	Provide & Set CIRP @	6795			
70-210-1111	Dump Bail 2 sx Cement onto Plug @	6795			
75-820-1111	Provide & Set CIRP @	4420			
70-210-1111	Dump Bail 2 sx Cement onto Plug @	4420			
70-252-1111	Jet Cut 4 1/2" CASING @	2500			
			P: A		
			DECHANT FARMS 16-36		
7:30A	Start Stand by		203311		
9:30	Stop Stand by		970.10/0052		
			1st App		
			S. Zwargstra		

CALLED OUT <u>6:00</u> Time _____ Date	ON LOCATION <u>7:15</u> Time _____ Date	COMPLETED _____ Time _____ Date	TOTAL SERVICE & MATERIALS _____ DISCOUNT <u>730</u> TAX <u>47</u>
*ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED			TOTAL CHARGE <u>47</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	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.	employer NCPS, did permit me to eat while working.
Amaya Herrick					

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.

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 NABORS COMPLETION & PRODUCTION SERVICES CO.

X _____
CUSTOMER REPRESENTATIVE