

DELIVERED FROM Starling
DATE 1-25-16

INVOICE NO.	P.O. NO.	AFE NO.
CUSTOMER NO.	LEASE <i>Garnett State G</i>	WELL NO. <i>36-17</i>
CUSTOMER <i>Noble Energy Inc.</i>	FIELD STATE <i>CO</i>	COUNTY <i>Weld</i>
ADDRESS	LOCATION <i>CR 3R 49</i>	
CITY	CASING SIZE & WT. <i>4 1/2</i>	TBG. SIZE
STATE ZIP	TYPE OF JOB <i>Jet Cut</i>	
ORDERED BY <i>Kevin MacGowan</i>	TITLE <i>Adam Frank</i>	SERVICE SUPV.

PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT
25-810-1111	PACK-OFF				
25-810-1111	FLANGE				
70-252-1111	4 1/2 Jet Cut @ 2500'				
		P: A			
		GRAVITY CT # 36-17			
		203525			
		970.10/m57			
		1-T App.			
		E. Zwaagstra			
				THANK	
				YOU	

CALLED OUT _____ Time _____ Date	ON LOCATION <u>9:30a</u> Time <u>1-25</u> Date	COMPLETED <u>11:00a</u> Time <u>1-25</u> Date	TOTAL SERVICE & MATERIALS	
			DISCOUNT	
			TAX	
*ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED			TOTAL CHARGES	<u>25.00</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.
Eric S					

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 K. Mough
CUSTOMER REPRESENTATIVE

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

FIELD TICKET No.

45-29374

DELIVERED FROM

Sterling

DATE _____

1-22-16

INVOICE NO.	P.O. NO.	A/E NO.
CUSTOMER NO.	LEASE <i>Gerrity State G</i>	WELL NO. <i>36-17</i>
CUSTOMER <i>Noble Energy Inc</i>	FIELD STATE <i>CO</i>	COUNTY <i>Weld</i>
ADDRESS	LOCATION <i>CU 38+49</i>	
CITY	CASING SIZE & WT. <i>4 1/2</i>	TBG. SIZE
STATE ZIP	TYPE OF JOB <i>GEOP/Com</i>	
ORDERED BY <i>Kevin McLaughlin</i>	TITLE <i>Adam Frank</i>	SERVICE SUPV.

[illegible]

CALLED OUT _____ Time _____ Date	ON LOCATION <u>11:00a</u> Time <u>1-22</u> Date	COMPLETED <u>12:45p</u> Time <u>1-22</u> Date	TOTAL SERVICE & MATERIALS	
			DISCOUNT	
			TAX	
*ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED			TOTAL CHARGES	36

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	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.
Eric S.					

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 K. Monaghan
CUSTOMER REPRESENTATIVE