



NABORS

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

FIELD TICKET No. 45-28949

DELIVERED FROM Sterling

DATE 3-3-16

INVOICE NO.		P.O. NO.	AFE NO.
CUSTOMER NO.		LEASE <u>Wells Ranch AF</u>	WELL NO. <u>06-08</u>
CUSTOMER <u>Noble Energy Inc</u>		FIELD	STATE <u>CO</u> COUNTY <u>Wald</u>
ADDRESS		LOCATION <u>Wells Ranch</u>	
CITY		CASING SIZE & WT. <u>4 1/2</u>	TBG. SIZE
STATE	ZIP	TYPE OF JOB <u>CISB/Com/CBL</u>	
ORDERED BY <u>Tyson Hamacher</u>		TITLE <u>Adam Frank</u>	SERVICE SUPV.

PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT
75-810-1111	Pack-off				00
75-810-1111	Flange				05
75-820-1111	Provoid + Set 4 1/2 CISB CISB set @ 6282				15
70-210-1111	Dump Trailer - 25x Com				28
70-210-1111	4 1/2 CBL 1000' - Sur.				100
P: A					
Wells Ranch AF06-08					
202460					
970.10/0052					
FIRST APPLIED					
LATCH 20160501					

THANK YOU

CALLED OUT Time <u>12:30p</u> Date <u>3-3</u>	ON LOCATION Time <u>3:00p</u> Date <u>3-3</u>	COMPLETED Time <u>3:00p</u> Date <u>3-3</u>	TOTAL SERVICE & MATERIALS DISCOUNT TAX
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*ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED

TOTAL CHARGES

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 NCPSS did permit me to eat while working.

Employee Name (Print)	Hours	Initials	Employee Number
<u>Eric S.</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
 NABORS COMPLETION & PRODUCTION SERVICES CO.

X
 CUSTOMER REPRESENTATIVE



NABORS

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

FIELD TICKET No. 45 | 29400

DELIVERED FROM STERLING

DATE 3-4-16

INVOICE NO.		P.O. NO.		AFE NO.	
CUSTOMER NO.		LEASE <u>Wells Ranch AF</u>		WELL NO. <u>06-08</u>	
CUSTOMER <u>Mobbe Energy Inc.</u>		FIELD		STATE <u>CO</u>	COUNTY <u>Weld</u>
ADDRESS		LOCATION <u>Wells Ranch</u>			
CITY		CASING SIZE & WT. <u>4 1/2</u>		TBG. SIZE	
STATE		ZIP		TYPE OF JOB <u>Collar Buster</u>	
ORDERED BY <u>Tyson Hamacher</u>		TITLE <u>Adam Frank</u>		SERVICE SUPV.	

PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT
<u>75-810-1111</u>	<u>PACK-OFF</u>				<u>90</u>
<u>70-250-1111</u>	<u>4 1/2 Collar Buster @ 830</u>				<u>45</u>
<u>70-252-1111</u>	<u>4 1/2 Jet Cut @ 660</u>				<u>7 20</u>
<u>P&A</u>					
<u>WELLS RANCH AFE 06-08</u>					
<u>202460</u>					
<u>970.10 / 0052</u>					
<u>FIRST APPROVED</u>					
<u>WORTH 2000000</u>					
<u>THANK YOU</u>					

CALLED OUT _____ Time _____ Date	ON LOCATION <u>8:50a</u> Time <u>3-4</u> Date	COMPLETED <u>9:45a</u> Time <u>3-4</u> Date	TOTAL SERVICE & MATERIALS DISCOUNT TAX <u>4 c</u> TOTAL CHARGES <u>4 1988</u>
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***ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED**

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 NCPSS did permit me to eat while working.
Employee Name (Print)	Hours	Initials	Employee Number		
<u>Eric S.</u>					

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X NABORS COMPLETION & PRODUCTION SERVICES CO.

X CUSTOMER REPRESENTATIVE