



# NABORS

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

## FIELD TICKET No.

## 27567

DELIVERED FROM FL KaplanDATE 1-20-15

<b>INVOICE NO.</b>		P.O. NO.	AFE NO.
CUSTOMER NO.		LEASE <u>Cannon H</u>	WELL NO. <u>34-13</u>
CUSTOMER <u>Noble</u>		FIELD <u>Wallerberg</u> STATE <u>CO</u>	COUNTY <u>Walt</u>
ADDRESS		LOCATION <u>43026</u>	
CITY		CASING SIZE & WT. <u>4 1/2</u>	TBG. SIZE
STATE	ZIP	TYPE OF JOB <u>Plug Cement</u>	
ORDERED BY <u>Hall</u>		TITLE	SERVICE SUPV. <u>CU</u>

PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT
<del>75 830 1111</del>	Sect STS 4 1/2 x BPC 10830				
<del>70 299 0400</del>	Mudball 2nd cement				
<del>70 255 0031</del>	Flange Rental				
<del>70 255 0100</del>	Pack off				
<del>70 210 1111</del>	Fuel Surcharge				
	<u>Walt Cannon H34-13</u>				
	<u>MOSER</u>				
	<u>H34-778</u>				
	<u>200136</u>				
	<u>330.70/0052</u>				

CALLED OUT _____ Time _____ Date	ON LOCATION _____ Time _____ Date	COMPLETED _____ Time _____ Date	TOTAL
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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.

Employee Name (Print)	Hours	Initials	Employee Number	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.
<u>Amara Sarrhet</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 \_\_\_\_\_  
 CUSTOMER REPRESENTATIVE