# NABORS

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

FIELD TICKET No. 32839

DELIVERED FROM 4-12-16

DATE 4/5

| | | |
|---|---|---|
| **INVOICE NO.** | P.O. NO. | AFE NO. |
| CUSTOMER NO. | LEASE | WELL NO. |
| CUSTOMER PDC | FIELD Wattenberg STATE CO | COUNTY Weld |
| ADDRESS | LOCATION WKP 59 + 32.5 | |
| CITY | CASING SIZE & WT. 4½" | TBG. SIZE |
| STATE ZIP | TYPE OF JOB Plug + cmt | |
| ORDERED BY Chavez | TITLE | SERVICE SUPV. |

| PART NO. | DESCRIPTION | REV. CODE | QTY. | UNIT PRICE | AMOUNT |
|---|---|---|---|---|---|
| 25-820-1111 | Set 4½ STS CIBP | | 6370' | | |
| 20-210-1111 | Dump Bail 25x Cement | | 6370' | | |

| CALLED OUT | ON LOCATION | COMPLETED | |
|---|---|---|---|
| Time | Time | Time | TOTAL SERVICE & MATERIALS |
| | | | DISCOUNT |
| Date | Date | Date | TAX |
| *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.**

| 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. |
|---|---|---|---|---|---|
| Jake M. Shawn R. Tim R | | | | | |

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 Eduardo Chavez CUSTOMER REPRESENTATIVE



White – Main Canary – Customer Pink – Field