# NABORS

FIELD TICKET No 70- 34316

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

DELIVERED FROM Sterling
DATE 12-21-16

| | | |
|---|---|---|
| **INVOICE NO.** | P.O. NO. | AFE NO. |
| CUSTOMER NO. | LEASE McKenney 13-21 | WELL NO. |
| CUSTOMER Noble Energy Inc. | FIELD / STATE Co | COUNTY Weld |
| ADDRESS | LOCATION CK 70+59 | |
| CITY | CASING SIZE & WT. 4½ | TBG. SIZE |
| STATE / ZIP | TYPE OF JOB Jet Cut | |

ORDERED BY Jeremy Schneider TITLE Adam Frank SERVICE SUPV.

| PART NO. | DESCRIPTION | REV. CODE | QTY. | UNIT PRICE | AMOUNT |
|---|---|---|---|---|---|
| 75-810-1111 | Pack-OFF | | | | |
| 75-810-1111 | Flange | | | | |
| 70-252-1111 | 4½ Jet Cut @ 2500' | | | | |
| | | | | THANK YOU | |

| CALLED OUT | ON LOCATION | COMPLETED | |
|---|---|---|---|
| Time | 8:30a Time | 11:30a Time | TOTAL SERVICE & MATERIALS |
| Date | 12-21 Date | 12-21 Date | DISCOUNT |
| | | | TAX |
| *ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED | | | TOTAL CHARGE 05 |

WITH MY INITIALS, I CONFIRM THAT THE TIME SHOWN IN THE "HOURS" COLUMN, ACCURATELY REFLECTS MY COMPENSABLE TIME.

| Employee Name (Print) | Hours | Initials |
|---|---|---|
| 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 CUSTOMER REPRESENTATIVE

Field Ticket # № 17773

Date 12/19/2016

Sater Tools and Services LLC, 2424 6th Ave Greeley CO 80631 Phone 970-356-4644 Fax 970-356-0185

| | | | | | |
|---|---|---|---|---|---|
| Bill To Customer: | Noble Energy | PO# | Lease Name: | Mckenney | Well #: 13-21 |
| Address: | 1625 Broadway Suite 2200 | | County: Weld | St: CO | Invoice Ref. #: |
| City: | Denver | Field: | Job Type: | Rental/Sale | OCSG #: |
| State: CO | Zip: 80202 | Legal Description: | Casing Sz & Wt: | 4 1/2 11.6# | Bayou 11 |
| Ordered By: | Jeramie S. | CR 59+70 E .1 SE Into | Service Man: | Israel Villa Ortega | |

| NO. | RENTALS/SALES | QTY | PRICE | DSC | TOTAL |
|---|---|---|---|---|---|
| 1 | Sale of Ball Set Cast Iron Bridge Plug Set @ 6772' | 1 | 1,525.00 | 20% | |
| 2 | Rental of Tubing Swivel | 1 | 225.00 | 25% | |
| 3 | | | | | 0.00 |
| 4 | | | | | 0.00 |
| 5 | | | | | 0.00 |
| 6 | | | | | 0.00 |
| 7 | | | | | 0.00 |
| 8 | | | | | 0.00 |
| 9 | | | | | 0.00 |
| 10 | | | | | 0.00 |
| 11 | | | | | 0.00 |
| 12 | | | | | 0.00 |
| 13 | | | | | 0.00 |
| 14 | | | | | 0.00 |
| | Subtotal Taxable Charges | | | | |
| | SERVICE MANS TIME | | | | |
| 12/19/16 | Service Mans Time | 1 | $875.00 | 10% | $787.50 |
| | | | | | 0.00 |
| | | | | | 0.00 |
| | | | | | 0.00 |
| | Subtotal Non-Taxable Charges | | | | |
| | MILEAGE | | | | |
| 12/19/16 | Mileage | 30 | $2.95 | 25% | $66.38 |
| | | | | | 0.00 |
| | | | | | 0.00 |
| | | | | | 0.00 |
| | Subtotal Non-Taxable Charges | | | | |

McKenny 13-21
Well Name & No.

204949
Project/AFE No.

970.10 Task | 0100 Acct Code

Jeremie Schneider
Work Ordered By

Dec 20, 2016

**APPROVED**

Jeremie Schneider First Approver Erich Zwaagstra

Terms: Net 30 Days

Total Service & Material: $2,478.63

Tax: ---

TOTAL CHARGES: $2,282.90

Authorized Agent:_____

Date:_____