

DAILY TIME TICKET 0014 817

EASTERN COLORADO WELL SERVICE, LLC

Ticket Status: Submitted and Approved

P.O. Box 244
 CHEYENNE WELLS, CO 80810
 Office: (719) 767-5100 Fax: (719) 767-5228

Date 6/10/2015

Customer: XTO Energy, Inc.

WELL/LEASE G-E-28-07x

State: CO

County: Las Animas

BILL TO ADDRESS: 382 Road 3100, Aztec NM 87410

WORK ORDER# _____ Start Time: _____ End Time: _____ Eng Size: _____ Price Schedul _____ Rlg 28

Completion WorkOver Maintenance PAndA Other

Remarks:

6:00-7:00-travel-7:00-3:00-TGSM bleed off well open Bop ft, Broke off safety valve, TIH w/ 7 Jts, MURU kill truck, flush 10 Bbls, drop standing valve, pressure @ 2000 psi, TOH found hole in jt # 50, TSTD 3000 psi OK, RDMD kill truck, fish standing valve, TOH w/ tbg and scraper, TIH w/ CIBP and 55 Jts set plug @ 1770, TOH lay down 3 Jts, Cont TOH w/ tbg and stinger, TIH w/ stator and 53 Jts and 8'6" sub, EDT @ 1750, NO BOP RUMH TIH w/ rotor and 69 rods and 8'2" pony and polish rod spaced @ 25" RU Drv hd, RDMD Clean loc., SDFN,

Rental Equipment*

Equipment	Required	Fee
Pump	<input type="checkbox"/>	\$0.00
BOP	<input checked="" type="checkbox"/>	\$250.00
Tank	<input type="checkbox"/>	\$0.00
Power Swivel	<input type="checkbox"/>	\$0.00

Rental Equipment Total: \$250.00

Supplies and Materials Required*

Supply/Material	Description/Size	Price Each	Qty	Extended Price
FLANGE ADAPTOR 8 5/8	P/day	\$35.00	1	\$35.00

Current Supplies and Materials Total: \$35.00

ACCT 30001 ITEMS

Item Name	Hourly Rate	Billable Hours	Item Total
RIG	250.00	8	2,000.00
Crew Travel	150.00	1	150.00
Extra Labor	35.00	0	0.00
Fuel	10.00	0	0.00
Tool Pusher Eng	100.00	0	0.00
Crew Subsist	100.00	0	0.00
Equip Supply			285.00

ROD AND TUBING SUMMARY

EST. SUB TOTAL: 2,435.00

* Only Noted supplies required are displayed on the ticket, Equipment usage is noted by a check box in the required field

Labor Information

As part of our ongoing safety commitment, you are required to digitally sign your name stating you have successfully completed this work day safely and without an accident and that the ticket information is accurate

Title:	Employee Name:	Hours:	Date/Time of Digital Signature:	Customer Comments And Signatures:
Operator:	MIGUEL OLVERA (JR)	9	6/10/2015 5:31:11 PM	COPY
Derrickman:	STEVE GARCIA	9	6/10/2015 5:31:11 PM	
Floorhand:	MARIO S LUNA	9	6/10/2015 5:31:12 PM	
Floorhand:				
Extra Labor:				
Tool Pusher Eng:	BENJAMIN E GONZALES JR		6/10/2015 5:31:14 PM	