

SERVICE LOCATIONS

Haysks

WELL/PROJECT NO.

REFERRAL LOCATION

INVOICE INSTRUCTIONS

Mess City by Ticket type | Contractor | Sales | Well type |

WELL CATEGORY

JOB PURPOSE

WELL PERMIT NO.

WELL LOCATION

EW NINE

Port Coller

acie of ment

Dechant

Unit

RIG NAME/NO.

COUNTY/PARISH

ADDRESS

OITY, STATE, ZIP CODE

STATE CITY

STATE CITY

SHIPPED DELIVERED TO

VIA CT

C-CC + 729

177	DATE SIGNED	MUST BE SIGNED BY CUSTOMER OR CUST START OF WORK OR DELIVERY OF GOODS	but are not limited to, PAYMENT, LIMITED WARRANTY provisions	the terms and cond	I ECAI TEDME:	583	581	276	330					290	5760	575	PRICE
1 1630	TIME	MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS	but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.	the terms and conditions on the reverse side hereof which include,	interest boroky acknowledge												SECONDARY REFERENCE/ PART NUMBER
1	M.C.	OR TO	NDEMNIT	of which in		2	2	2	2					_	_	1	LOC A
JWI.	A.M.		Y, and	nclude,	1												ACCOUNTING ACCT DF
700-790-2000			SWIFT SERVICES INC	REMIT PAYMENT TO:		Draight	Service Charge Conent	flocale	Swift Multi Density					,	Pump Charge Post Collar	MILEAGE # 1/2	DESCRIPTION
CUSTOM	YOU SATISFIED	WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?	WE UNDERSTOOD AND MET YOUR NEEDS? OUR SERVICE WAS	OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	SURVEY												_
CUSTOMER DID NOT WISH TO RESPOND	MTH OUR SE	QUIPMENT	TOELAY3	RFORMED VN?		280	225	50	me					2		25	QTY.
WISH TO RE	RVICE?				AGREE	7	sks	165	Sks					96	Cu	3.	NW C
SPOND	ō			סבייוטבט	UN- DIS-					_	_		_				QTY.
				AGARE	DIS-												MVU
TOTAL		7000 TAX 90		PAGE TOTAL		100	200	2/00	18 50					421au	150000	6 00	UNIT
052770		240 40		200	00 00 CV	280 00	20 ash	125 00	3700 00					84100	1500 cm	150 00	AMOUNT

SWIFT OPERATOR hull

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket

Thank You!

APPROVAL