

JOB LOG

SWIFT Services, Inc.

DATE 31 MAR 15 PAGE NO. 1

CUSTOMER Grand Mesa WELL NO. 1-79 LEASE Dutsch-M. shlr JOB TYPE Plug to Abandon TICKET NO. 28358

CHART NO.	TIME	RATE (GPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (psi)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								5 1/2" casing - 1' head approx 2000' 2500' 60/40 200' (4 1/2 gal)
	1200							on loc TDK 114 1905XS
	1230	2 1/2						mix 60/40 200' (4 1/2 gal) @ 13' HPG Down 5 1/2" casing
		1	50				550	catch pressure holding 500 psi shut on tubing
	1240		2 1/2				900	105XS pump 60/40 (4 1/2 gal) @ 13' HPG down 5 1/2" holding 500 psi Release pressure to truck
	1248							work truck
	1300							Back up (5 1/2" section of pipe) job complete Thru Final Blank & record



NABORS

FIELD TICKET No. - - 26599

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

DELIVERED FROM _____
 DATE 3-30-15

INVOICE NO.	P.O. NO.	AFF NO.
CUSTOMER NO.	LEASE <u>Die-Henrich - Mischler H1-29</u>	WELL NO.
CUSTOMER <u>Grand Mesa Operating Company</u>	FIELD	STATE <u>KS</u> COUNTY <u>Ness</u>
ADDRESS	LOCATION <u>Sec 29 - Trap 16s - Rge 23W</u>	
CITY	CASING SIZE & WT. <u>5 1/2</u>	TBG. SIZE
STATE	ZIP	TYPE OF JOB <u>5 1/2 CTBP + Drop Cement</u>
ORDERED BY	TITLE	SERVICE SUPV.

PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	AMOUNT
<u>40-70-210-1000</u>	<u>Setup</u>				
<u>40-75-820-0055</u>	<u>5 1/2 CTBP</u>		<u>4430</u>		
<u>40-70</u>	<u>Drop Bucket 2 sacks cement</u>				
	<u>Plus set at 4430'</u>				

CALLED OUT	ON LOCATION	COMPLETED	TOTAL SERVICE & MATERIALS
_____ Time	_____ Time	_____ Time	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
<u>Jeremy Seib</u>			
<u>Paul Bergardt / Janice Guzman</u>			

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 NABORS did permit me to eat while working.

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 Jeremy Seib
 NABORS COMPLETION & PRODUCTION SERVICES CO.

X _____
 CUSTOMER REPRESENTATIVE