

SERVICE INVOICE

№ 12859

WELL NO. AND FARM <i>As Anschutz States 5-62-36-6457</i>		COUNTY <i>Weld</i>	STATE <i>Co</i>	DATE <i>Oct 18 2013</i>	
CHARGE TO <i>Bill Barrett</i>		WELL LOCATION SEC. TWP. RANGE		CONTRACTOR	
		DELIVERED TO <i>Cr 68 + 56</i>		LOCATION 1	CODE
		SHIPPED VIA <i>3103/4009/114</i>		LOCATION 2	CODE
		TYPE AND PURPOSE OF JOB <i>Surface</i>		LOCATION 3	CODE
				WELL TYPE	CODE

PRICE REFERENCE	DESCRIPTION	UNITS		UNIT PRICE	AMOUNT	
		QTY.	MEAS.			
	Pump Charge	1	ea	1400. ⁰⁰	1400	00
	Truck mileage 4. ⁰⁰ mile 60 mile in round trip	2	ea	480. ⁰⁰	480	00
	Pickup mileage	1	ea	90	90	00
	Cement	394	sk's	22.75	8963	50
	Sugar 100 lb	1	ea	2. ⁰⁰	200	00
	Torn Inspection	1	ea	500. ⁰⁰	500	00
<p>ANSCHUTZ STATE 5-62-36-6457 CH</p> <p>AFE: 185230 / 830.130</p> <p><u>\$11,633.⁵⁰</u> / 10/18/13</p> <p><i>[Signature]</i></p>						
Total Weight		Loaded Miles		Ton Miles		

TAX REFERENCES

SUB TOTAL

TAX

TOTAL

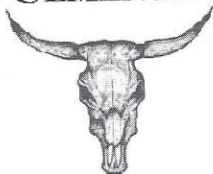
SUBJECT TO CORRECTION

Bigon Oil Well Cementing, Inc. Representative

Customers hereby acknowledges and specifically agrees to the terms and conditions on this work order, including, without limitation, the provisions on the reverse side hereof which include the release and indemnity.

BISON OIL WELL CEMENTING, INC.

1547 Gaylord Street
Denver, Colorado 80206
Phone: 303-296-3010
Fax: 303-298-8143
E-mail: bisonoil1@qwestoffice.net



INVOICE #
LOCATION
FOREMAN

12859
Or 68+56.

TREATMENT REPORT

DATE	WELL NAME	SECTION	TWP	RGE	COUNTY
Oct 18 2013	Anschutz State 5-62-36-6457				
BILL TO		CONSULTANT			
Bill Barrett					
OWNER		RIG NAME & NUMBER			
		SST #17			
MAILING ADDRESS		DISTANCE TO LOCATION		UNITS ON LOCATION	
		80		3103 / 4009 / 1M	
CITY		TIME REQUESTED		TIME ARRIVED ON LOCATION	
		2:00		2:10	
STATE, ZIP		TIME LEFT LOCATION			

WELL DATA

HOLE SIZE	TUBING SIZE	PERFORATIONS
13 1/2		
TOTAL DEPTH	TUBING DEPTH	SHOTS/FT
821		
CASING SIZE	TUBING WEIGHT	OPEN HOLE
9 5/8		
CASING DEPTH	TUBING CONDITION	TREATMENT VIA
820		
CASING WEIGHT	PACKER DEPTH	
36		
CASING CONDITION <u>Good</u>		
Max Rate	5	
Max Pressure	2000	

Cement Makeup

Cement Blend	BFN #		
Cement - Specs	lbs	Yield	Water Requirements
	15.2	1.27	5.89
Annulus Factor	Capacity Factor		
4887	4887 4522		
	.7763		

TYPE OF TREATMENT

<input checked="" type="checkbox"/> Surface Pipe	<input type="checkbox"/> Production	<input type="checkbox"/> Squeeze
<input type="checkbox"/> MISC Pump	<input type="checkbox"/> P&A	

HYD HHP = RATE X PRESSURE / 40.8

% Excess
BBL to Pit

25
15

DESCRIPTION OF JOB EVENTS

MIRU Soft lay meeting pressure test lines to 1000psi, release pressure pump 10 fresh 10 dye 20 fresh then M & P 394 sks 55 bbls of mix 89.1 bbls of slurry drop plug dis 60 3/4 bbls lay plug at 390psi, then took it 500 over to 790psi, rig down Clean up.

X

Authorization To Proceed

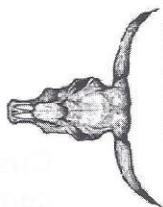
Title

X Oct 18 2013
Date

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Denver, Colorado 80206
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INVOICE #
LOCATION
FOREMAN

12859
0168456
Brook Kasprisk

Treatment Report Page 2

DESCRIPTION OF JOB EVENTS

Safety Meeting	3:20	Displace 1			Displace 2			Displace 3			Displace 4			Displace 5		
	3:00	BBLs	Time	PSI	BBLs	Time	PSI	BBLs	Time	PSI	BBLs	Time	PSI	BBLs	Time	PSI
MIRU	3:32	0	4:10	90	0			0			0			0		
CIRCULATE		10	4:18	100	10			10			10			10		
Drop Plug		20	4:22	265	20			20			20			20		
		30	4:24	280	30			30			30			30		
		40	4:26	350	40			40			40			40		
		50	4:29	380	50			50			50			50		
M & P		60	4:42	790	60			60			60			60		
Time	Sacks	70			70			70			70			70		
3:36	394	80			80			80			80			80		
		90			90			90			90			90		
		100			100			100			100			100		
		110			110			110			110			110		
		120			120			120			120			120		
		130			130			130			130			130		
		140			140			140			140			140		
		150			150			150			150			150		

35 bbls of
mix

Notes:

MIRU Safety meeting pressure test lines to 1000PSI, then pump 10 Fresh 10 day 20 fresh
MTF 374 SKS dis 60 3/4 bbls of water

X 2-18-2015 Title X Date 10 Oct 18 2015



Bison Oil Well Cementing, Inc
1738 Wynkoop St., Ste. 102
Denver, CO 80202
303-296-3010
www.Bisonoilwell.com

Cementing Customer Satisfaction Survey

Service Date Oct 18 2013 Invoice Number 12839
Invoice Amount 11,633.50 Well Permit Number HFE 8523 D
Well Name Anshutz State 5-62-36-6457CH Well Type Gas + Oil
Well Location Cr 68+56 Well Number _____
County weld Lease _____
SEC/TWP/RNG _____ Job Type Surface
State CO Company Name R. J. Barrett
Supervisor Name Brad Kosinski Customer Representative _____
Customer Phone Number _____
Employee Name _____ Exposure Hours (Per Employee) _____

Aaron _____
Tairo _____
Brad _____

Total Exposure Hours 12

Did we encounter any problems on this job? Yes / No

To Be Completed By Customer

Rating/Description

- 5 - Superior Performance (Established new quality / performance standards)
 - 4 - Exceeded Expectations (Provided more than what was required / expected)
 - 3 - Met Expectations (Did what was expected)
 - 2 - Below Expectations (Job problems / failures occurred [* Recovery made])
 - 1 - Poor Performance (Job problems / failures occurred [* Some recovery made])
- * Recovery: resolved issue(s) on jobsite in a timely and professional manner

Opportunity

- Best Practices
- Potential Best Practice
- Prevention/Improvement

RATING / CATEGORY

- _____ Personnel -
- _____ Equipment -
- _____ Job Design -
- _____ Product / Material -
- _____ Health & Safety -
- _____ Environmental -
- _____ Timeliness -
- _____ Condition / Appearance -
- _____ Communication -
- _____ Improvement -

CUSTOMER SATISFACTION RATING

- Did our personnel perform to your satisfaction ?
- Did our equipment perform to your satisfaction ?
- Did we perform the job to the agreed upon design ?
- Did our products and materials perform as you expected ?
- Did we perform in a safe and careful manner (Pre / post mtgs, PPE, TSMR, etc..) ?
- Did we perform in an environmentally sound manner (Spills, leaks, cleanup, etc..) ?
- Was job performed as scheduled (On time to site, accessible to customer, completed when expected)?
- Did the equipment condition and appearance meet your expectation?
- How well did our personnel communicate during mobilization, rig up, and job execution?
- What can we do to improve our service?

Please Circle:

- Yes / No - Did an accident or injury occur?
- Yes / No - Did an injury requiring medical treatment occur?
- Yes / No - Did a first-aid injury occur?
- Yes / No - Did a vehicle accident occur?
- Yes / No - Was a post-job safety meeting held?

Please Circle:

- Yes / No - Was a pre-job safety meeting held?
- Yes / No - Was a job safety analysis completed?
- Yes / No - Were emergency services discussed?
- Yes / No - Did environmental incident occur?
- Yes / No - Did any near misses occur?

Additional Comments:

GOOD JOB!

THE INFORMATION HEREIN IS CORRECT -

[Signature]
Customer Representative's Signature

Oct 18 2013
Date

Any additional Customer Comments or HSE concerns should be described on the back of this form