

BISON OIL WELL CEMENTING, INC.

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



SERVICE INVOICE

NO 13000

WELL NO. AND FARM <i>Freedom Two C17-4</i>		COUNTY <i>Weld</i>	STATE <i>CO</i>	DATE <i>7/24/2014</i>
CHARGE TO <i>Noble</i>		WELL LOCATION SEC. <i>19</i> TWP. <i>4N</i> RANGE <i>64W</i>		CONTRACTOR <i>BEW</i>
		DELIVERED TO		LOCATION <i>1 La Salle</i>
		SHIPPED VIA <i>4018 3102 4022 3206</i>		LOCATION <i>2 La Salle</i>
		TYPE AND PURPOSE OF JOB <i>Annular fill</i>		LOCATION <i>3 La Salle</i>
				WELL TYPE
				CODE

PRICE REFERENCE	DESCRIPTION	UNITS		UNIT PRICE	AMOUNT
		QTY.	MEAS.		
<i>1</i>	<i>Annular Fill</i>	<i>1</i>	<i>cu</i>		
<i>2</i>	<i>Sugar</i>	<i>100</i>	<i>1/4"</i>		
	<i>G. Cement</i>	<i>286</i>	<i>3"</i>		
	<i>Mileage 3 x 60 x 150</i>	<i>150</i>	<i>1.50</i>		
	<i>INBZ on Freedom Two C17-4</i>				
	<i>Heartland C 30-75H</i>				
	<i>200371</i>				
	<i>0017</i>				
	<i>200-10</i>				
	<i>7-22-14</i>				
	<i>CM</i>				
	Total Weight	Loaded Miles	Ton Miles		

If this account is not paid within 30 days of Invoice date a FINANCE CHARGE will be made. Computed at a single monthly rate of 1 1/2% which is equal to an ANNUAL PERCENTAGE RATE OF 18%.

TAX REFERENCES

"TAXES WILL BE ADDED AT CORPORATE OFFICE"

Customer or His Agent

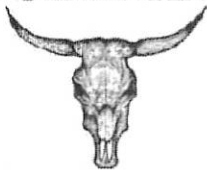
Customer or His Agent

Bison 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

13030
6444A
LEK Shop

TREATMENT REPORT

DATE 7-22-14	WELL NAME Freedom	SECTION 19	TWP 4N	RGE 64W	COUNTY
BILL TO Noble	CONSULTANT Charlie				
OWNER	RIG NAME & NUMBER Bayan 19				
MAILING ADDRESS	DISTANCE TO LOCATION 60		UNITS ON LOCATION 2		
CITY	TIME REQUESTED Noon		TIME ARRIVED ON LOCATION 1:00 pm		
STATE, ZIP	TIME LEFT LOCATION 3:00 pm				

WELL DATA

HOLE SIZE	TUBING SIZE	PERFORATIONS
TOTAL DEPTH	TUBING DEPTH	SHOTS/FT
CASING SIZE	TUBING WEIGHT	OPEN HOLE
CASING DEPTH	TUBING CONDITION	TREATMENT VIA
CASING WEIGHT	PACKER DEPTH	
CASING CONDITION		
Max Rate		
Max Pressure		

Cement Makeup

Cement Blend	G		
Cement - Specs	lbs	Yield	Water Requirements
	15.8	1.15	5.100
Annulus Factor	Capacity Factor		

TYPE OF TREATMENT

<input 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

DESCRIPTION OF JOB EVENTS

Job lost well 3 bbl B&C break circulation, mix 24 bbl / 236 sacks

X Authorization To Proceed

Title

X 7-22-14 Date

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.