

# BISON OIL WELL CEMENTING, INC.

1738 Wynkoop St., Ste. 102  
Denver, Colorado 80202  
Phone: 303-296-3010  
Fax: 303-298-8143  
E-mail: bisonoil1@qwestoffice.net



## SERVICE INVOICE

Nº 12596

WELL NO. AND FARM <i>LARSON A 25-07</i>	COUNTY <i>Weld</i>	STATE <i>Colo.</i>	DATE <i>12-11-13</i>
CHARGE TO <i>Noble</i>	WELL LOCATION SEC. <i>25</i> TWP. <i>6N</i> RANGE <i>64W</i>		CONTRACTOR <i>Select Rig 11</i>
DELIVERED TO <i>WCR 66+59</i>		LOCATION <i>1 Shop</i>	CODE
SHIPPED VIA <i>3106/3204</i>		LOCATION <i>2 66+59</i>	CODE
TYPE AND PURPOSE OF JOB <i>P/A</i>		LOCATION <i>3 Shop</i>	CODE
		WELL TYPE <i>GAS</i>	CODE

PRICE REFERENCE	DESCRIPTION	UNITS		UNIT PRICE	AMOUNT
		QTY.	MEAS.		
Day 2	Pump Charge	1	EA.	<del>30000</del>	<del>30000</del>
Day 1	Rig up, Rig down Charge	1	EA.	<del>10000</del>	<del>10000</del>
Day 2	BENTONITE 3% BCCA-1.25 16/5K BFLA-1	300	SK	<del>2275</del>	<del>682500</del>
Day 2	TRUCK Mileage 400 mile 60 mile min ONE WAY	2	EA.	<del>25000</del>	<del>50000</del>
Day 1	TRUCK Mileage 400 mile 60 mile min ONE WAY	2	EA.	<del>25000</del>	<del>50000</del>
Day 2	Pickup Mileage 1.50 mile 60 mile min. ONE WAY	1	EA.	<del>7000</del>	<del>7000</del>
Day 1	Pickup Mileage 1.50 mile 60 mile min. ONE WAY	1	EA.	<del>7000</del>	<del>7000</del>
Day 2	IRON Insp. Fee	1	EA.	<del>50000</del>	<del>50000</del>
Day 1	Standby Time	6	hr.	<del>5000</del>	<del>30000</del>
Day 2	Data Int.	1	EA.	<del>25000</del>	<del>25000</del>
Day 2	SUGAR	50	lb.	<del>2000</del>	<del>100000</del>
AFE 141305 3.3/17					
<i>[Signature]</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

*THANKS CALVIN*

"TAXES WILL BE ADDED AT CORPORATE OFFICE"

SUB TOTAL

TAX

TOTAL

SUBJECT TO CORRECTION

Customer or His Agent

Bison Oil Well Cementing, Inc. Representative

Customers hereby acknowledge and specifically agree 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 #

12596

LOCATION

WCR66159

FOREMAN

Calvin Reimer

## TREATMENT REPORT

DATE	WELL NAME	SECTION	TWP	RGE	COUNTY
12-11-13	LARSON A 25-07	25	6N	64W	Weld
BILL TO	CONSULTANT				
Noble	ERIC				
OWNER	RIG NAME & NUMBER				
Noble	Select Rig 11				
MAILING ADDRESS	DISTANCE TO LOCATION		UNITS ON LOCATION		
	24 miles		3106/3204		
CITY	TIME REQUESTED		TIME ARRIVED ON LOCATION		
	10:00 am / 7:30 am		9:55 am / 7:15 am		
STATE, ZIP	TIME LEFT LOCATION				
	2:00 pm / 2:30 pm				
WELL DATA			Cement Makeup		
HOLE SIZE	TUBING SIZE	PERFORATIONS	Cement Blend	BFN-JL 3% BCLA-1.25 1/2 K BFLA-1	
	2 3/8		Cement - Specs	lbs	Yield
TOTAL DEPTH	TUBING DEPTH	SHOTS/FT		15.2	1.27
	1104		Annulus Factor	Capacity Factor	
CASING SIZE	TUBING WEIGHT	OPEN HOLE		.0039	
	46 lb		<b>TYPE OF TREATMENT</b> <input type="checkbox"/> Surface Pipe <input type="checkbox"/> Production <input type="checkbox"/> Squeeze <input type="checkbox"/> MISC Pump <input checked="" type="checkbox"/> P&A		
CASING DEPTH	TUBING CONDITION	TREATMENT VIA			
	Good				
CASING WEIGHT	PACKER DEPTH				
CASING CONDITION			HYD HHP = RATE X PRESSURE / 40.8  % Excess <input type="text"/> BBL to Pit <input type="text"/>		
Max Rate	?				
Max Pressure	2500				

## DESCRIPTION OF JOB EVENTS

MIRU, Safety meeting, Psi test to 1000 Psi, BREAK Circ, Mix + pump 100 sacks 22.62 bbls Slurry  
At 15.2 lb = 1.27 yield, Displace 3 bbls H<sub>2</sub>O to 1108', Wash up, Rig down, Cement back next trip,  
2<sup>nd</sup> Plug BREAK Circ, Mix + pump to surface, Displace 1/2 bbl H<sub>2</sub>O, Wash up,  
Rig down

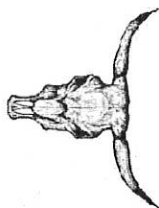
X  
Authorization To Proceed

Title

X 12-11-13  
Date

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INVOICE #  
LOCATION  
FOREMAN

12596  
WCR66+59  
Calvin Anderson

Treatment Report Page 2

## DESCRIPTION OF JOB EVENTS

Safety Meeting	8:58am	Displace 1			Displace 2			Displace 3			Displace 4			Displace 5		
MIRU	730am	BLS	Time	PSI	BLS	Time	PSI	BLS	Time	PSI	BLS	Time	PSI	BLS	Time	PSI
CIRCULATE	9:20am	0	9:49pm	400	0	120pm	250	0			0			0		
Drop Plug		30	750am	520	10			10			10			10		
		20			20			20			20			20		
		30			30			30			30			30		
		40			40			40			40			40		
		50			50			50			50			50		
M & P		60			60			60			60			60		
Time		70			70			70			70			70		
	939pm/9:49pm	80			80			80			80			80		
	12:59pm/120pm	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		

Notes:

1st Plug Break Circ with 1066L H<sup>2</sup>O mix + pump 100 SKS, 22.62 bbls Slurry, Displace 3 bbls H<sup>2</sup>O to 1118', washer wait to  
Tag 2nd Plug Break Circ with 1066L H<sup>2</sup>O mix + pump 200 SKS, 45.23 bbls Slurry, Displace 16 bbl H<sup>2</sup>O  
wash up rig down, to 3781'

USED 300 SKS, 67.85 bbls Slurry

X Title Foreman Date 12-11-13





- 22009

DATE 12/6/13

INVOICE NO.	P.O. NO.	A/E NO.
CUSTOMER NO.	LEASE <i>Larson A 25-7</i>	WELL NO.
CUSTOMER <i>Noble</i>	FIELD <i>Wattenburg</i> STATE <i>Colo</i>	COUNTY <i>Weld</i>
ADDRESS	LOCATION <i>WCR 59Hole, E 3/4, S 1/2, W 1/2</i>	
CITY	CASING SIZE & WT. <i>2 7/8"</i>	TBG. SIZE
STATE <i>CO</i> ZIP <i>80501</i>	TYPE OF JOB <i>PA A</i>	

ORDERED BY Erich Zuercher TITLE Brackelcher SERVICE SUPV. \_\_\_\_\_

[illegible]

CALLED OUT <u>6:30A</u> Time _____ Date	ON LOCATION <u>8:00A</u> Time _____ Date	COMPLETED _____ Time _____ Date	TOTAL SERVICE & MATERIALS TAX % ST. TAXABLE AMT. TOTAL CHARGES
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WITH MY INITIALS, I CONFIRM THAT THE TIME SHOWN IN THE  
"HOURS" COLUMN, ACCURATELY REFLECTS MY COMPENSABLE TIME.

Employee Name (Print)	Hours	Initials	Employee ID No.
Chris Stroppel			
Brian Harder			

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 Completion & Production Services Co., did permit me to eat while working.

**\*ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED**

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.

NABORS COMPLETION & PRODUCTION SERVICES CO.

CUSTOMER REPRESENTATIVE



- 22012

DELIVERED FROM

DATE 12-11-13

INVOICE NO.	P.O. NO.	A/E NO.
CUSTOMER NO.	LEASE <i>LARSON A 25-7</i>	WELL NO.
CUSTOMER <i>Noble</i>	FIELD <i>Wattenberg</i> STATE <i>Colo</i>	COUNTY <i>Weld</i>
ADDRESS	LOCATION <i>WCR 166+59, E 1/2, S into</i>	
CITY	CASING SIZE & WT. <i>2 7/8"</i>	TBG. SIZE
STATE <i>CO</i> ZIP <i>80501</i>	TYPE OF JOB <i>PUTT</i>	

ORDERED BY Erich Zwargstra TITLE Brackelsberg SERVICE SUPV.

PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	DISC.	AMOUNT
45-70-255-0100	Pack off equip.					[REDACTED]
45-70-252-1111	Jet Cut 2 7/8" casing		1,100'			[REDACTED]
45-70-250-0008	Cut Depth Chg Surr'd to 11,100'		min.	.30/H		[REDACTED]
45-70-200-9998	Fuel Surcharge					[REDACTED]
	A/E 141305					
	3/3/52					

CALLED OUT		ON LOCATION		COMPLETED		TOTAL SERVICE & MATERIALS	
<u>6:30A</u>	Time	<u>7:45A</u>	Time		Time	TAX %	TAXABLE ST. AMT.
	Date		Date		Date	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 ID No.	provided. The injury or accident is to be reported to the supervisor so that a report can be prepared.	did permit me to eat while working.
Chris Stroppe					
Brian Nordier					

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CUSTOMER REPRESENTATIVE