

# 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 12768**

|   |  |                                 |                         |
|---|--|---------------------------------|-------------------------|
| WELL NO. AND FARM<br><i>Unit # 666-0758BH</i> | COUNTY<br><i>Weld</i>  | STATE<br><i>CO</i>              | DATE<br><i>10/19/13</i> |
| CHARGE TO<br><i>Bill Barrett</i>              | WELL LOCATION<br>SEC. <i>9</i> TWP. <i>6N</i> RANGE <i>66W</i> | CONTRACTOR<br><i>Nabors M22</i> |                         |
| DELIVERED TO<br><i>72/31</i>                  |  | LOCATION<br><i>1 Shop</i>       | CODE                    |
| SHIPPED VIA<br><i>407/3104/4017</i>           |  | LOCATION<br><i>2 31/72</i>      | CODE                    |
| TYPE AND PURPOSE OF JOB<br><i>Surface</i>     |  | LOCATION<br><i>3 Shop</i>       | CODE                    |
|   |  | WELL TYPE<br><i>OTL</i>         | CODE                    |

| PRICE<br>REFERENCE | DESCRIPTION                                | UNITS        |           | UNIT PRICE | AMOUNT |
|--------------------|--|--------------|-----------|------------|--------|
|                    |  | QTY.         | MEAS.     |            |        |
|                    | <i>purp charge</i>                         | <i>1</i>     | <i>EA</i> |            |        |
|                    | <i>Cement (Type III 3% CCS 4000 lb/sk)</i> | <i>509</i>   | <i>SK</i> |            |        |
|                    | <i>Dye</i>                                 | <i>16</i>    | <i>DZ</i> |            |        |
|                    | <i>Equipment Mileage 42 truck 60 mi</i>    | <i>120</i>   | <i>MI</i> |            |        |
|                    | <i>Plu mileage 60 mile min</i>             | <i>60</i>    | <i>MI</i> |            |        |
|                    | <i>Data</i>                                | <i>1</i>     | <i>EA</i> |            |        |
|                    | <i>AFE 18465D</i>                          |              |           |            |        |
|                    | <i>C/C 830-130</i>                         |              |           |            |        |
|                    | <i>10/19/13</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"

TOTAL

SUBJECT TO CORRECTION

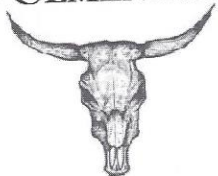
*[Signature]*  
Customer or His Agent

*[Signature]*  
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  
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E-mail: bisonoil1@qwestoffice.net



INVOICE #  
LOCATION  
FOREMAN

12748  
31/72  
J

## TREATMENT REPORT

|                  |                      |  |                               |      |        |
|------------------|----------------------|--|-------------------------------|------|--------|
| DATE             | WELL NAME            | SECTION  | TWP                           | RGE  | COUNTY |
| 10/19/13         | Merritt 6 ldo 0758   | 9  | 6N                            | 66W  | Weld   |
| BILL TO          | CONSULTANT           |  |                               |      |        |
| OWNER            | RIG NAME & NUMBER    |  |                               |      |        |
| MAILING ADDRESS  | DISTANCE TO LOCATION |  | UNITS ON LOCATION             |      |        |
| CITY             | TIME REQUESTED       |  | TIME ARRIVED ON LOCATION      |      |        |
| STATE, ZIP       | TIME LEFT LOCATION   |  |                               |      |        |
| <b>WELL DATA</b> |                      |  |                               |      |        |
| HOLE SIZE        | TUBING SIZE          | PERFORATIONS   | Cement Blend                  |      |        |
| 13 1/2           |                      |  | Type # 3% oca 1/4 cda 1/4 cda |      |        |
| TOTAL DEPTH      | TUBING DEPTH         | SHOTS/FT   | Cement - Specs                | lbs  | Yield  |
| 850              |                      |  |                               | 15.2 | 1.27   |
| CASING SIZE      | TUBING WEIGHT        | OPEN HOLE  | Annulus Factor                |      |        |
| 7 5/8            |                      |  | .4887                         |      |        |
| CASING DEPTH     | TUBING CONDITION     | TREATMENT VIA  | Capacity Factor               |      |        |
| 850              |                      |  | .0773                         |      |        |
| CASING WEIGHT    | PACKER DEPTH         | <b>TYPE OF TREATMENT</b><br><input checked="" type="checkbox"/> Surface Pipe <input type="checkbox"/> Production <input type="checkbox"/> Squeeze<br><input type="checkbox"/> MISC Pump <input type="checkbox"/> P&A |                               |      |        |
| 36               |                      |  |                               |      |        |
| CASING CONDITION | NEW                  |  |                               |      |        |
| Max Rate         | 5                    |  |                               |      |        |
| Max Pressure     | 1000                 | HYD HHP = RATE X PRESSURE / 40.8<br><br>% Excess    30<br>BBL to Pit    20   |                               |      |        |

## DESCRIPTION OF JOB EVENTS

X James Meyers  
Authorization To Proceed

Title

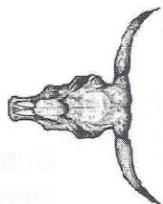
X  
Date

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INVOICE #  
LOCATION  
FOREMAN

12768  
3/13  
[Signature]

Treatment Report Page 2

## DESCRIPTION OF JOB EVENTS

| Safety Meeting | 5:00  | Displace 1 |      |     | Displace 2 |      |     | Displace 3 |      |     | Displace 4 |      |     | Displace 5 |      |     | Displace 5 |      |     |
|----------------|-------|------------|------|-----|------------|------|-----|------------|------|-----|------------|------|-----|------------|------|-----|------------|------|-----|
| MIRU           | 4:30  | BBLS       | Time | PSI | BBLS       | Time | PSI | BBLS       | Time | PSI | BBLS       | Time | PSI | BBLS       | Time | PSI | BBLS       | Time | PSI |
| CIRCULATE      | 5:30  | 0          | 6:30 | 10  | 0          |      |     | 0          |      |     | 0          |      |     | 0          |      |     | 0          |      |     |
| Drop Plug      |       | 10         | 6:33 | 70  | 10         |      |     | 10         |      |     | 10         |      |     | 10         |      |     | 10         |      |     |
|                |       | 20         | 6:35 | 130 | 20         |      |     | 20         |      |     | 20         |      |     | 20         |      |     | 20         |      |     |
|                |       | 30         | 6:37 | 180 | 30         |      |     | 30         |      |     | 30         |      |     | 30         |      |     | 30         |      |     |
|                |       | 40         | 6:39 | 240 | 40         |      |     | 40         |      |     | 40         |      |     | 40         |      |     | 40         |      |     |
|                |       | 50         | 6:31 | 280 | 50         |      |     | 50         |      |     | 50         |      |     | 50         |      |     | 50         |      |     |
| M & P          |       | 60         | 6:34 | 280 | 60         |      |     | 60         |      |     | 60         |      |     | 60         |      |     | 60         |      |     |
| Time           | Sacks | 60         |      |     | 70         |      |     | 70         |      |     | 70         |      |     | 70         |      |     | 70         |      |     |
| 5:45 start     |       | 80         |      |     | 80         |      |     | 80         |      |     | 80         |      |     | 80         |      |     | 80         |      |     |
| 6:15 Finish    | 509   | 90         |      |     | 90         |      |     | 90         |      |     | 90         |      |     | 90         |      |     | 90         |      |     |
|                |       | 100        |      |     | 100        |      |     | 100        |      |     | 100        |      |     | 100        |      |     | 100        |      |     |
|                |       | 110        |      |     | 110        |      |     | 110        |      |     | 110        |      |     | 110        |      |     | 110        |      |     |
|                |       | 120        |      |     | 120        |      |     | 120        |      |     | 120        |      |     | 120        |      |     | 120        |      |     |
|                |       | 130        |      |     | 130        |      |     | 130        |      |     | 130        |      |     | 130        |      |     | 130        |      |     |
|                |       | 140        |      |     | 140        |      |     | 140        |      |     | 140        |      |     | 140        |      |     | 140        |      |     |
|                |       | 150        |      |     | 150        |      |     | 150        |      |     | 150        |      |     | 150        |      |     | 150        |      |     |

Notes:

661 to 1st 20

X  
[Signature]  
Work Performed

X  
Title

X  
Date



Bison Oil Well Cementing, Inc  
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### Cementing Customer Satisfaction Survey

Service Date 10/19/13 Invoice Number 12748  
Invoice Amount \_\_\_\_\_ Well Permit Number \_\_\_\_\_  
Well Name Merritt Well Type OIL  
Well Location 31/72 Well Number 6-66-0758 BA  
County Well. Lease \_\_\_\_\_  
SEC/TWP/RNG \_\_\_\_\_ Job Type Surface  
Company Name Bill Barrett  
State CO Customer Representative \_\_\_\_\_  
Supervisor Name Jan Customer Phone Number \_\_\_\_\_  
Employee Name \_\_\_\_\_ Exposure Hours (Per Employee) \_\_\_\_\_

Jan  
Arroz  
Salvo

3  
3  
3

Total Exposure Hours \_\_\_\_\_

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?

Additional Comments:

#### 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?

THE INFORMATION HEREIN IS CORRECT -

James Megnack  
Customer Representative's Signature

10/19/13  
Date

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