



Bison Oil Well Cementing
 1547 Gaylord Street
 Denver, CO 80206

FIELD INVOICE #
 90041

FIELD INVOICE

WELL NO. AND FARM Sunflower 40C-17HZ	COUNTY Weld	STATE Colorado	DATE 9/18/2015	Contractor Noble 2
CHARGE TO Anadarko Petroleum Corporation	WELL LOCATION			
	Section 8	TWP 2N	RANGE 65W	
PO Box 4995	DELIVERED TO cr. 41 & cr. 24		LOCATION 1 Greeley	CODE
	SHIPPED VIA 4024/3210/4007/3106/3105/3204		LOCATION 2 cr. 41 & cr. 24	CODE
The Woodlands, TX 77387	TYPE AND PURPOSE OF JOB		LOCATION 3 Greeley	CODE
	SURFACE		WELL TYPE Oil	CODE

ITEM	DESCRIPTION	UNITS		UNIT PRICE	AMOUNT
		QTY.	MEAS.		
PUMP CHARGE					
SURFACE		1			
MILLEAGE CHARGE					
Pickup		50	mile		
Truck/Equipment		50	mile		
Truck/Equipment		50	mile		
CEMENT CHARGE:					
BFN III		728	sack		
ADDITIVES CHARGE:					
Red Dye		16	oz		
FLOAT EQUIPMENT:					
RUBBER PLUG - 9 5/8"					
OTHER CHARGES:					
DATA ACQUISITION FEE		1			
Containment		1			
Wait Time			hour		

SUB TOTAL
 TAX 2.90%
 TOTAL

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%.

Handwritten Signature
 Customer or Agent

SUNFLOWER 40C-17HZ NOBLE 2
 FRANK KINNEY USER ID: CUO741
 CONSULTANT: *Hayden Stone*
 AFE# 2113379 DATE: 9-18-15
 GL CODE: 800/2090

Handwritten 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 hereof which include the release and indemnity.



Bison Oil Well Cementing Single Cement Surface Pipe

Date: 9/18/2015
 Invoice # 90041
 API# 05-123-42068
 Supervisor Nick

Customer: Anadarko Petroleum Corporation
Well Name: Sunflower 40C-17HZ

County: Weld Consultant: Hayden
 State: Colorado Rig Name & Number: Noble 2
 Distance To Location: 25
 Sec: 8 Units On Location: 024/3210/4007/3106/3105/320
 Twp: 2N Time Requested: 12:00
 Range: 65W Time Arrived On Location: 11:18
 Time Left Location: 14:30

WELL DATA	Cement Data
Casing Size OD (in) : <u>9.625</u>	Cement Name: <u>BFN III</u>
Casing Weight (lb) : <u>36.00</u>	Cement Density (lb/gal) : <u>14.2</u>
Casing Depth (ft.) : <u>1,875</u>	Cement Yield (cuft) : <u>1.49</u>
Total Depth (ft) : <u>1884</u>	Gallons Per Sack: <u>7.48</u>
Open Hole Diameter (in.) : <u>13.50</u>	% Excess: <u>15%</u>
Conductor Length (ft) : <u>60</u>	Displacement Fluid lb/gal: <u>8.3</u>
Conductor ID : <u>15.25</u>	BBL to Pit: <u>37.0</u>
Shoe Joint Length (ft) : <u>43</u>	Fluid Ahead (bbls): <u>30.0</u>
Landing Joint (ft) : <u>10</u>	H2O Wash Up (bbls): <u>20.0</u>
Max Rate: <u>7</u>	Spacer Ahead Makeup
Max Pressure: <u>2000</u>	<u>30 bbl dye in second 10</u>

Calculated Results	Pressure of cement in annulus
Displacement: 142.37 bbls (Casing ID Squared) X (.0009714) X (Casing Depth + Landing Joint - Shoe Joint)	Hydrostatic Pressure: 1382.89 PSI
cuft of Shoe 18.66 cuft (Casing ID Squared) X (.005454) X (Shoe Joint ft)	Pressure of the fluids inside casing
cuft of Conductor 45.79 cuft (Conductor Width Squared) -(Casing Size OD Squared) X (.005454) X (Conductor Length ft)	Displacement: 789.75 psi
cuft of Casing 1019.87 cuft (Open Hole Squared)-(Casing Size Squared) X (.005454) X (Casing Depth - Conductor Length)	Shoe Joint: 31.72 psi
Total Slurry Volume 1084.32 cuft (cuft of Shoe) + (cuft of Conductor) + (cuft of Casing)	Total 821.47 psi
bbls of Slurry 193.12 bbls (Total Slurry Volume) X (.1781)	Differential Pressure: 561.42 psi
Sacks Needed 728 sk (Total Slurry Volume) ÷ (Cement Yield) X (% Excess Cement)	Collapse PSI: 2020.00 psi
Mix Water 129.61 bbls (Sacks Needed) X (Gallons Per Sack) ÷ 42	Burst PSI: 3520.00 psi
	Total Water Needed: 321.98 bbls

[Signature]
 Authorization To Proceed



Bison Oil Well Cementing Single Cement Surface Pipe

Cementing Customer Satisfaction Survey

Service Date	9/18/2015
Well Name	Sunflower 40C-17HZ
County	Weld
State	Colorado
SEC	8
TWP	2N
RNG	65W

Invoice Number	90041
API #	05-123-42068
Job Type	Single Cement Surface Pipe
Company Name	Madarko Petroleum Corporation

Customer Representative:

Supervisor Name:

Employee Name (Including Supervisor)
Nick Vigil
William Jewell
James Myer

Exposure Hours (Per Employee)
3
3
3
9

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 Expectation (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

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

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 customers, completed when expected)?
- Did the equipment condition and appearance meet your expectations?
- How well did our personnel communicate during mobilization, rig up and job execution?

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:

THE INFORMATION HEREIN IS CORRECT -

x Hayden
Customer Representative's Signature

DATE: _____

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

