


CASEDHOLE SOLUTIONS																	
	Rev.042519 A		CUSTOMER P. O. NUMBER						Ticket No. (SO) F-6710		PAGE 1 of 1						
	* Service charges include a daily per diem of \$30.00/employee and a daily catering charge (when provided by Casedhole Solutions) of \$25.00/employee.													DATE 10/08/2019			
	To CASEDHOLE SOLUTIONS, INC.																
	You are hereby requested to perform or attempt to perform the following service(s) or furnish the following equipment:																
SERVICE(S) AND/OR EQUIPMENT REQUESTED																	
API# 05-125-08348																	
CUSTOMER		COMPANY		Bohler Well Service													
FURNISHED		LEASE		STATE						WELL NUMBER		32B-36444					
LEASE/WELL		LEGAL & LOCATION		0													
INFORMATION		FIELD		Wattenberg			PARISH/COUNTY			Yuma			STATE		CO		
THE UNDERSIGNED, HEREINAFTER REFERRED TO AS CUSTOMER AGREES TO PAY YOU FOR THE ABOVE SPECIFIED SERVICE(S) (INCLUDING LEASED EQUIPMENT) AND ANY ADDITIONAL SERVICE(S) REQUESTED, AT THE FIELD OFFICE OF CASEDHOLE SOLUTIONS, INC. IN ACCORDANCE WITH THE APPLICABLE PROVISIONS OF YOUR CURRENT PRICE SCHEDULE.																	
IN CONSIDERATION OF THE PRICES AS ARE SET OUT IN YOUR CURRENT APPLICABLE PRICE SCHEDULE WE CHOOSE TO BE BOUND BY THE TERMS AND CONDITIONS SET OUT IN THE CURRENT PRICE SCHEDULE ( ALSO PRINTED ON THE REVERSE SIDE HEREOF), INCLUDING THE ASSUMPTION BY US OF THE LIABILITIES AND RESPONSIBILITIES CONTAINED IN THE RESPONSIBILITIES HEREIN ASSUMED BY US.																	
WHEN SIGNED BY AN AGENT ON BEHALF OF CUSTOMER, SAID AGENT REPRESENTS THAT HE HAS FULL AUTHORITY FROM HIS PRINCIPAL TO EXECUTE SAME, IN THE ABSENCE OF AUTHORITY, THE SIGNER AGREES THAT HE SHALL BE OBLIGATED HEREUNDER AS CUSTOMER.																	
CUSTOMER NAME		Bohler Well Service															
INVOICE MAILING ADDRESS								CITY			STATE			ZIP CODE			
SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE																	
X								Thank you for using Casedhole Solutions!!				Total runs, all pages			1		
THE ESTIMATED CHARGES AND DATA SHOWN ARE SUBJECT TO CORRECTION BY CASEDHOLE SOLUTIONS, INC. ACCOUNTING																	
UNIT NUMBER		OPERATION TYPE:		DAYLIGHT		WELL TYPE:		WORKOVER		ROUND TRIP MILEAGE							
200032		TRIP:		FIRST		HOISTING TYPE:		WORKOVER RIG									
WIRELINE DEPTH				MAX. WELLHEAD PRESSURE				PSI				BOTTOM HOLE PRESSURE:			PSI		
Desc. NO.	PERF. INTERVAL		PLUG DEPTH	OPERATION			ITEM	QUAN.	UNIT PRICE	DISC	DISC. PRICE	AMOUNT		SERVICE	FIRST READING	LAST READING	FOOTAGE DEL.
1	Holes @ 360'			B - Squeeze Gun - 1st Gun			each	1	1500	0.000	1500	1500.00		Plug			
2														Perf			
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	