

EMERGENCY CHANGE ORDER

Whereas, authority exists in the Law and Funds have been budgeted, appropriated and otherwise made available and a sufficient uncommitted balance thereof remains available for encumbering and subsequent payment of this contract under:

Colorado Oil & Gas Conservation Commission
 1120 Lincoln St., Suite 801
 Denver, CO 80203
 (303) 894-2100

P. O. # PHAA 2018-00757 in Fund Number 1700 Appr PC015FFT) and PCBPY0600_GBL _____
 Texas Tea Wells Plug & Abandon. CMS#102722

Project Name Excell Services	Date 8/9/2017
Contractor Name 38829 US Highway 385; Wray, CO 80758-9687	Bid # IFB1 PHAA-2017-0251
Contractor Address	Agreement CT PHAA 2018-00757
Diana Burn Project Manager	Vendor ID VS50000000018803
	Change Order # 3

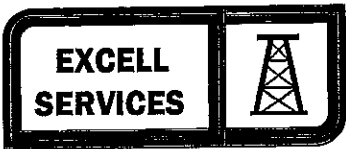
The following changes are hereby made to the Agreement (include the cost/time adjustment for each change)
 Rocky Mountain II #1 Well (API No. 05-001-08699)
 Item #1 -16 rig hours (-16*346.67); Item #2 additional cement qty(106*42.35); Item #3 credit for planned CBL (-1760) Item #4 wireline stand-by charges (442.28); Item #5 pro-rated share of additional liquid waste for project (.25*(4846 +1644.61)

Justification
 #1 Operations completed with less rig time; #2 Additional cement not expected in original analysis due to unknown conditions #3 CBL unnecessary; #4 Wireline crew wait time; #5 Liquid wastes were greater than expected

CHANGE TO AGREEMENT PRICE:	176,557.36 166,438.45
Original Agreement Price: Total project \$166,438.45 this well's share 41,450.80	
Current Agreement Price adjusted by previous Change Orders:	176,557.36
The Agreement Price due to this Change Order will be increased by:	-752.69
The new Agreement Price including this Change Order will be: total project increased	175,804.67

CHANGE TO AGREEMENT TIME:	No Change
This Agreement time will be increased/decreased by:	
The date for completion of all work will be:	9/1/2017

Recommended by: <i>Diana Burn</i>	Date: 8/10/17 OGCC Project Manager	Date: _____ Principal Representative
Accepted by: <i>David Andrews</i>	Date: 8/10/17 Contractor	Date: _____ for State Buildings and Real Estate Programs
Approved by: <i>David Andrews</i>	Digitally signed by David Andrews Date: 2018.01.29 09:39:17 -0700 OGCC PRAW Mgr	Date: _____ for the State Controller



EXCELL SERVICES LLC
 36629 US Highway 385
 Wray, CO 80758-9667
 Phone - (970) 332-3151
 Fax - (970) 332-5821

Invoice

Remit to: Excell Services LLC, 36629 US Highway 385, Wray, CO 80758

Invoice Date	Invoice #
8/31/2017	13565

Terms
Due on receipt

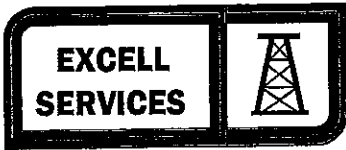
Bill To
Colorado Oil & Gas Conservation Comm 1120 Lincoln St, Suite 801 Denver, CO 80203

AFE / P.O. No.	Location	County - State	Start Date	End Date
	Rocky Mountain II 1	Adams - CO	08/08/2017	08/10/2017

Description	Quantity	U/M	Rate	Amount
Well Name - Rocky Mountain II 1 PO # - IFBI PHAA -2017-0251 Texas Tea P&A Project Well #3 of 4 Bid - Includes the following: Mobilization & Demobilization - \$8,845.00 Plug & Abandon - 30 Hours @ \$346.67/Hr CBL - \$1,760.00 CIBP - \$1,760.00 Perforating - 2 perfs @ \$880.00/Each Cement Services - 202 Sacks @ \$42.35/Sack Flowline Abandonment - \$2,700.00 Solid Waste Management - \$825.00 Liquid Waste Management - (1) load - \$4,846.00				
<div style="border: 2px solid red; padding: 5px;"> ODO Staff Submitting Coding: EJJ Fiscal Year: 18 CORE Document #: CT 2018*00757 Unit: ENGS Appr Unit: PCBPY0600 Object: 2210 Activity: TTEA Sub Activity: EG04 </div>				
			41,450.80	41,450.80
Workover Rig #15 15 Hours for P&A Less Bid of 30 Hours Credit of 16 Hours @ \$346.67/hr	-16		346.67	-5,546.72
Cement Used 308 sacks Bid of 202 sacks Overage of 106 sacks @ \$42.35/sack	106		42.35	4,489.10
Credit for no CBL	-1		1,760.00	-1,760.00

Thank you for your business!

Total



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 36629 US Highway 385
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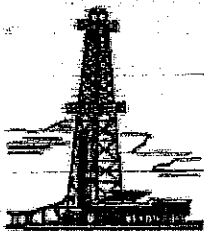
Terms
Due on receipt

Bill To
Colorado Oil & Gas Conservation Comm 1120 Lincoln St, Suite 801 Denver, CO 80203

AFE / P.O. No.	Location	County - State	Start Date	End Date
	Rocky Mountain II 1	Adams - CO	08/08/2017	08/10/2017

Description	Quantity	U/M	Rate	Amount
Third Party Charge from Pioneer Wireline Extra Dump Bale - Couldn't get to original CIBP that was in hole, tagged with sinker bar			442.28	442.28
Throughout the Four (4) Well P&A Program Two (2) Additional Loads (One Full & One Partial) Were Delivered to Waste Management - The Partial Load Has Been Pro-Rated Full Load - \$4,846.00 Partial Load - \$1644.61 Total - \$6,490.61/4 wells = \$1,622.65/well			1,622.65	1,622.65
FOUR WELL CONTINUOUS QUANTITY TOTALS - WELL #3 Mob/Demob - Three of Four - One Remaining Plug & Abandon Hrs - 90 of 120 - 30 Remaining Cement Services - 621 of 823 Sacks - 202 Remaining Solid Waste Management - 3/4 of One - 1/4 Remaining Liquid Waste Management - Three of Four - One Remaining Cement Bond Long - Three of Four - One Remaining Cast Iron Bridge Plug - Three of Four - One Remaining Perforation Services - Six of Eight - Two Remaining Flowline Abandonment - Three of Four - One Remaining				

<i>Thank you for your business!</i>	Total	\$40,698.11
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CEMENTER'S WELL SERVICE, INC.
 P.O. BOX 336220 • GREELEY, CO 80633 • (970) 353-7299 • FAX (970) 353-7712

OUR INVOICE

202473

Date	5/10/17	Well Owner	Excell	Well No.	#1	Lease	Kirk, Mark
County	Weld	State	CO				
Charge to	Excell Services III						
Address	31629 US Hwy 285						
City, State Zip	Greeley, CO 80633						
Type of Job	PA	Depth	Ft.				
Surface		Bottom of Surface	Ft.				
Plug		Plug Landed @	Ft.	Time On			
Production		Pipe Landed @	Ft.	Plug Down			

Description	Qty.	Meas.	Unit Price	Amount
Set Up Charge	1			
Data Acquisition System				
Cement Neat	308	SKS		
Calcium Chloride		%		
Gel % Flo-Cele 1/4 # Per Sack				
Mileage Heavy Vehicle	70	Miles		
Mileage Pick-Up		Miles		
Fuel Surcharge				
Additional Cement		SKS		
Mixing Rate	3.50 PPM	Centralizers		
Disp. Rate	2.50 BPM	Cement Guide Shoe		
Slurry Vol.		Cement Basket		
Slurry Wt.	15.8 LBS	Baffle Plate		
Water/Cement		Box Thread Lock		
Water Temp.	55			
Total Slurry Vol.	692	BBLs Cement		
Landed Plug @		PSI / Final Lift @	PSI	
Pre-Flush W/	BBLs H ₂ O		Sub Total	
Displace W/	BBLs H ₂ O		Tax	29
Circulate	BBLs Cement		Total	

Truck No.	Code	State Mileage	Nebraska	Colorado	Wyoming	Other	Total Mileage
1202		Pump Truck					
1217		Bulk Truck		70			

We do not assume any responsibility for any damage or conditions resulting from our services. All pricing is subject to review and revision.

Delivered By Tony, Ryan, Kyle

Received By [Signature]
 Customer or His Agent



Invoice

Page: 1

Pioneer Wireline Services, LLC
 P.O. Box 202567
 Dallas, TX 75320-2567
 (785) 625-3858

INVOICE NUMBER: 641CCAC5A6
 INVOICE DATE: 8/9/2017
 CLIENT: EXCSER

Sold To

Excell Services, LLC
 Atten: Accounts Payable
 36629 US Highway 385
 Wray, CO 80758-1629 USA

LEASE	
WELL #	Rocky Mountain II # 1
COUNTY	Adams
CLIENT PO	
DUE DATE	9/8/2017
ENGINEER	Hiss, Michael

QUANTITY	DESCRIPTION		UNIT PRICE	EXTENSION
1.000	-			
1.000	Dump Bailer Depth	①	442.28	442.28
1.000				
1.000	Dump Bailer Depth	②	442.28	442.28
1.000				
1.000				
1.000				
1.000				
1.000				

RECEIVED
 AUG 21 2017

THANK YOU FOR YOUR BUSINESS

TERMS: If Company has an approved open account with Pioneer, invoices are payable NET 30 days from date of invoice. If Company does not have an approved open account with Pioneer, all sums are payable prior to performance of services or delivery of equipment, products, or materials. Company agrees to pay interest on any unpaid balance from the date payable until paid at the highest lawful contract rate applicable, but never to exceed 18% per annum. In the event Pioneer employs an attorney for collection of any account, Company agrees to pay reasonable attorney fees plus all collection and court costs.

Subtotal	
Freight	0.00
Sales Tax	0.00
Payment/Credit Amount	0.00
Balance:	

NON-HAZARDOUS WASTE MANIFEST 1. Generator ID Number 2. Page 1 of 3. Emergency Response Phone 800-424-9300 4. Waste Tracking Number 258455

5. Generator's Name and Mailing Address: EXCELL SERVICES LLC, 36629 HWY 385, WRAY CO 80758. Generator's Project Address (if different than mailing address): N/A

6. Transporter 1: Complete Company Name and Address: SAME AS ABOVE. Transporter Phone: 970-382-3157

7. Transporter 2: Complete Company Name and Address: (970) 530-2135. Transporter Phone:

8. Designated Disposal Facility Name and Site Address: Conservation Services, Inc, 41800 East 88th Avenue, Bennett CO 80102. Facility's Phone: (303) 644-4335

9. Waste Shipping Name, Description, & Profile Number	10. Containers		11. Total Quantity	12. Unit Wt./Vol.
	No.	Type		
1. NON REGULATED LIQUID (DRILLING FLUIDS) 12350600	60	20 gal	60	NONE
2.				

13. Regulatory Agency: Colorado Department of Public Health and Environment, 4300 Cherry Creek Drive South, Denver, Co 80222-1530. Emergency Notification: CHEMTREC (800) 424-9300, 24-hour Toll Free Number

14. Bill to & Account Number: Customer Acct #: CSI 1931 Customer Name: EXCELL SERVICES LLC

15. Contractor/Generator Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/ placarded, and are in all respects in proper condition for transportation according to applicable national and state governmental regulations. I hereby certify that the above described waste is not a hazardous waste defined by federal, state or local regulations and does not contain regulated quantities of PCB's or radioactive materials.

Generator's/Officer's Printed/Typed Name: ROGER WHITE. Signature: [Signature]. Month: 8, Day: 9, Year: 17

16. Transporter Acknowledgement of Receipt of Materials. Transporter 1 Printed/Typed Name: ROGER WHITE. Signature: [Signature]. Month: 8, Day: 9, Year: 17. Transporter 2 Printed/Typed Name: [Blank]. Signature: [Blank]. Month: [Blank], Day: [Blank], Year: [Blank]

17. Special Handling Instructions

18. Discrepancy Indication Space: Initials of Person noting discrepancy: [Blank]. Signature: [Blank]. Date: 8/9/17. Ticket #: 145467

20. Management Method/Location: Landfill. Monofill. Location: ELEV 5315, N39 S1170, W104 30114

21. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 18. Printed/Typed Name: Kim Ayunae. Signature: [Signature]. Month: 8, Day: 9, Year: 17

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

NON-HAZARDOUS WASTE MANIFEST

1. Generator ID Number

N/A

2. Page 1 of

3. Emergency Response Phone
800-424-9300

4. Waste Tracking Number

258456

5. Generator's Name and Mailing Address

EXCELL SERVICES LLC
36629 HWY 385
WRAY CO 80758

Generator's Project Address (if different than mailing address)

6. Transporter 1: Complete Company Name and Address

SAGE AD ADVICE

(870) 630-2135

Transporter Phone

970-332-3151

7. Transporter 2: Complete Company Name and Address

Transporter Phone

8. Designated Disposal Facility Name and Site Address

Conservation Services, Inc
41800 East 88th Avenue
Bennett CO 80102

Facility's Phone:

(303) 644-4335

9. Waste Shipping Name, Description, & Profile Number

10. Containers

11. Total Quantity

12. Unit Wt./Vol.

No. Type

1. NON REGULATED LIQUID (DRILLING FLUIDS)

12350600

70 DRUMS

2940 gal NONE

2.

13. Regulatory Agency: Colorado Department of Public Health and Environment
4300 Cherry Creek Drive South
Denver, Co 80222-1530

Emergency Notification:
CHEMTREC (800) 424-9300
24-hour Toll Free Number

14. Bill to & Account Number:

Customer Acct #: CSI 1931 Customer Name: EXCELL SERVICES LLC

15. Contractor/Generator Certification:

I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/ placarded, and are in all respects in proper condition for transportation according to applicable national and state governmental regulations.

I hereby certify that the above described waste is not a hazardous waste defined by federal, state or local regulations and does not contain regulated quantities of PCB's or radioactive materials.

Generator's/Officer's Printed/Typed Name

Signature

Month Day Year

ROGER WHITE

Roger White

8 11 17

16. Transporter Acknowledgement of Receipt of Materials

Transporter 1 Printed/Typed Name

Signature

Month Day Year

ROGER WHITE

Roger White

8 11 17

Transporter 2 Printed/Typed Name

Signature

Month Day Year

17. Special Handling Instructions

18. Discrepancy Indication Space:

19. Ticket #

145538

Initials of Person noting discrepancy

Signature

Date

DEV 5815

20. Management Method/Location

Landfill Monofill Location:

N39°S1170
W104 30/14

21. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 18

Printed/Typed Name

Signature

Month Day Year

Kum Agunna

Kum Agunna 8 11 17

GENERATOR

TRANSPORTER

DESIGNATED FACILITY

NON-HAZARDOUS WASTE MANIFEST

1. Generator ID Number

2. Page 1 of

3. Emergency Response Phone
800-424-9300

4. Waste Tracking Number

258457

5. Generator's Name and Mailing Address

N/A

Generator's Project Address (if different than mailing address)

EXCELL SERVICES LLC
36629 HWY 385
MURAY CO 80758

6. Transporter 1: Complete Company Name and Address

(970) 630-2135

Transporter Phone

970-332-3157

7. Transporter 2: Complete Company Name and Address

Transporter Phone

8. Designated Disposal Facility Name and Site Address

Facility's Phone:

Conservation Services, Inc
41800 East 88th Avenue
Bennett CO 80102

(303) 644-4335

9. Waste Shipping Name, Description, & Profile Number

10. Containers

11. Total Quantity

12. Unit Wt./Vol.

No. Type

1. NON REGULATED LIQUID (DRILLING FLUIDS)

125 BBL

500 gal
NONE

2. 12350600

13. Regulatory Agency: Colorado Department of Public Health and Environment
4300 Cherry Creek Drive South
Denver, Co 80222-1530

Emergency Notification:
CHEMTREC (800) 424-9300
24-hour Toll Free Number

14. Bill to & Account Number:

Customer Acct #: CSI 1931 Customer Name: EXCELL SERVICES, LLC

15. Contractor/Generator Certification:

I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/ placarded, and are in all respects in proper condition for transportation according to applicable national and state governmental regulations.

I hereby certify that the above described waste is not a hazardous waste defined by federal, state or local regulations and does not contain regulated quantities of PCB's or radioactive materials.

Generator's/Officer's Printed/Typed Name

Signature

Month Day Year

ROGER WHITE

Roger White

8 16 17

16. Transporter Acknowledgement of Receipt of Materials

Transporter 1 Printed/Typed Name

Signature

Month Day Year

ROGER WHITE

Roger White

8 16 17

Transporter 2 Printed/Typed Name

Signature

Month Day Year

17. Special Handling Instructions

18. Discrepancy Indication Space:

19. Ticket #

145663

Initials of Person noting discrepancy

Signature

Date

Dev 5315

20. Management Method/Location

Landfill Monofill Location:

W104 30114

21. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 18

Printed/Typed Name

Signature

Month Day Year

Kim Figueras

Kim Figueras

10 11 17

GENERATOR

TRANSPORTER

DESIGNATED FACILITY



2015 Clubhouse Drive, Suite 201
Greeley, CO 80634
970-545-6950

EWS #2

3233 East C Street
Greeley, CO 80631

Water Disposal Ticket Ticket # 44670

Date:
2017-08-16 17:31:23

Oil Company:
FOSTER* MCVEY


Transporter:
Foster Trucking Inc.

Truck #:
101222


OGCC#	Lease/Well No	# BBLs Prod Water	# BBLs Flowback	# BBLs Other
	Navman 4	50.00	0.00	0.00
	Total	50	0	0

Driver:

EWS Employee:



Frank



Marcus

Notes

NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number N/A	2. Page 1 of 1	3. Emergency Response Phone (800)424-9300	4. Waste Tracking Number 191598			
5. Generator's Name and Mailing Address FOSTER TRUCKING INC 23436 CO RD 60.5 GREELY CO 80631							
Generator's Site Address (if different than mailing address) (970)353-1714							
6. Transporter 1 Company Name				U.S. EPA ID Number			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address Conservation Services, Inc 41800 East 88th Avenue Bennett CO 80102				U.S. EPA ID Number			
Facility's Phone: (303)644-4335							
9. Waste Shipping Name and Description		10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Special Handling Instructions and Additional Information	
		No.	Type				
1. NON REGULATED LIQUID (PRODUCED WATER)				2352		NONE	
2.							
3.							
4.							
13. Special Handling Instructions and Additional Information							
Customer Acct #: CSI 1315 Customer Name: FOSTER TRUCKING INC Transporter 1 address & phone #:							
14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and governmental regulations.							
Generator's/Offeor's Printed/Typed Name Brett Allison				Signature 	Month 8	Day 10	Year 17
15. International Shipments		<input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.		Port of entry/exit:			
Transporter Signature (for exports only):				Date leaving U.S.:			
16. Transporter Acknowledgement of Receipt of Materials							
Transporter 1 Printed/Typed Name Brett Allison				Signature 	Month 8	Day 14	Year 17
Transporter 2 Printed/Typed Name				Signature	Month	Day	Year
17. Discrepancy							
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
Manifest Reference Number:							
17b. Alternate Facility (or Generator)				U.S. EPA ID Number			
Facility's Phone:							
17c. Signature of Alternate Facility (or Generator)				Month Day Year			
Landfill				Monofill			
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in item 17a				Location			
Printed/Typed Name Kim Aguirre				Signature 	Month 10	Day 18	Year 17

GENERATOR

INT'L

TRANSPORTER

DESIGNATED FACILITY

81015315
10395110
W10430114 **145734**

NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number N/A	2. Page 1 of 1	3. Emergency Response Phone (800)424-9300	4. Waste Tracking Number 091601	
5. Generator's Name and Mailing Address FOSTER TRUCKING INC 23436 CO RD 60.5 GREELY CO 80631			Generator's Site Address (if different than mailing address)			
Generator's Phone: (970)353-1714					U.S. EPA ID Number	
6. Transporter 1 Company Name					U.S. EPA ID Number	
7. Transporter 2 Company Name					U.S. EPA ID Number	
8. Designated Facility Name and Site Address Conservation Services, Inc 41800 East 88th Avenue Bennett CO 80102					U.S. EPA ID Number	
Facility's Phone: (303)644-4335						
9. Waste Shipping Name and Description		10. Containers		11. Total Quantity	12. Unit Wt./Vol.	
		No.	Type			
1. NON REGULATED LIQUID (PRODUCED WATER)				420 L		NONE
13. Special Handling Instructions and Additional Information Customer Acct #: CSI 1315 Customer Name: FOSTER TRUCKING INC Transporter 1 address & phone #:						
14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and governmental regulations.						
Generator's/Offoror's Printed/Typed Name Brett Aik			Signature 		Month 8	Day 15
					Year 17	
15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
16. Transporter Acknowledgement of Receipt of Materials						
Transporter 1 Printed/Typed Name 1614 ST Aik			Signature 		Month 8	Day 16
					Year 17	
Transporter 2 Printed/Typed Name			Signature		Month	Day
					Year	
17. Discrepancy						
17a. Discrepancy indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
Manifest Reference Number: _____						
17b. Alternate Facility (or Generator)					U.S. EPA ID Number	
Facility's Phone: _____						
17c. Signature of Alternate Facility (or Generator)					Month	Day
					Year	
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a						
Printed/Typed Name Landfill Monofill Location			Signature 		Month 10	Day 18
					Year 17	

GENERATOR

INT'L

TRANSPORTER

DESIGNATED FACILITY

