

Surefire Wireline West Colorado, LLC
233 N Park Drive
Kittanning, PA 16201 US
sfinnan@surefirewireline.com



INVOICE

BILL TO
PetroStar Services


INVOICE # 1081
DATE 02/23/2020
DUE DATE 03/24/2020
TERMS Net 30

WELL NAME
LARSON 20-11

PO#
PO

DATE	ACTIVITY	QTY	RATE	AMOUNT
02/20/2020	PACKOFF	1		
02/20/2020	CRANE RENTAL	1		
02/20/2020	SQUEEZE GUN	1		

BALANCE DUE

		CUSTOMER P. O. NUMBER		SERVICE ORDER 3016		PAGE 1 of 1	
Surefire Wireline		You are hereby requested to perform or attempt to perform the following service(s) or furnish the following equipment:				DATE 2/20/2020	
SERVICE(S) AND/OR EQUIPMENT REQUESTED PC/SQS/Crane							
NWNW S.20,T7N, R66W							
CUSTOMER		COMPANY		PetroStar			
FURNISHED		LEASE		LARSON		WELL NUMBER 20-11	
LEASE/WELL		API:		05-123-28006			
INFORMATION		FIELD		WATTENBERG		PARISH/COUNTY WELD	
						STATE Colorado	
<small>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 SUREFIRE WIRELINE WEST COLORADO LLC., IN ACCORDANCE WITH THE APPLICABLE PROVISIONS OF YOUR CURRENT PRICE SCHEDULE. IN CONSIDERATION OF THE PRICES AS 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.</small>							
CUSTOMER NAME PetroStar							
INVOICE MAILING ADDRESS				CITY		STATE	
SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE X				Thank you for using Surefire Wireline!!		Total runs, all pages 1	
THE ESTIMATED CHARGES AND DATA SHOWN ARE SUBJECT TO CORRECTION BY SUREFIRE WIRELINE WEST COLORADO ACCOUNTING							
UNIT NUMBER 803		OPERATION TYPE: DAYLIGHT		WELL TYPE: WORKOVER		ROUND TRIP MILEAGE	
WIRELINE DEPTH		MAX. WELLHEAD PRESSURE		PSI		BOTTOM HOLE PRESSURE: PSI	
TRIP: FIRST		HOISTING TYPE: WORKOVER RIG					
Desc. NO.		PERF. INTERVAL		PLUG DEPTH		OPERATION	
1						ITEM	
2		573'				QUAN.	
3						UNIT PRICE	
4						DISC.	
5						AMOUNT	
6						SERVICE	
7						FIRST READING	
8						LAST READING	
9						FOOTAGE DEL.	
10						PSI	
11						PSI	
12						PSI	
13						PSI	
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