

BISON OIL WELL CEMENT CO., INC.



1738 Wynkoop St., Ste. 102
 Denver, Colorado 80202
 Phone: 303-296-3010
 Fax: 303-298-8143
 E-mail: bisonoil1@qwestoffice.net

INVOICE # 8445

LOCATION Wray (DMINEX)

FOREMAN Paul DeKey

TREATMENT REPORT

DATE <u>4/19/10</u>	WELL NAME <u>Ballyneal</u>	SECTION <u>7</u>	TWP <u>5N</u>	RGE <u>44W</u>	COUNTY <u>Yuma</u>	FORMATION
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CHARGE TO <u>DMINEX</u>	OWNER <u>DMINEX</u>
MAILING ADDRESS	OPERATOR
CITY	CONTRACTOR <u>Gary Neal</u>
STATE ZIP CODE	DISTANCE TO LOCATION <u>60 MI MIN</u>
TIME ARRIVED ON LOCATION <u>8:00</u>	TIME LEFT LOCATION <u>Req 8:30</u>

WELL DATA **PRESSURE LIMITATIONS**

HOLE SIZE <u>7 7/8</u>	TUBING SIZE	PERFORATIONS	THEORETICAL	INSTRUCTED
TOTAL DEPTH <u>510</u>	TUBING DEPTH	SHOTS/FT	SURFACE PIPE ANNULUS LONG	
	TUBING WEIGHT	OPEN HOLE	STRING	
CASING SIZE <u>7</u>	TUBING CONDITION		TUBING	
CASING DEPTH		TREATMENT VIA	TYPE OF TREATMENT	TREATMENT RATE
CASING WEIGHT <u>17</u>	PACKER DEPTH		<input type="checkbox"/> SURFACE PIPE	BREAKDOWN BPM
CASING CONDITION <u>good</u>	<u>PB 590</u>		<input type="checkbox"/> PRODUCTION CASING	INITIAL BPM
PRESSURE SUMMARY			<input type="checkbox"/> SQUEEZE CEMENT	FINAL BPM
BREAKDOWN or CIRCULATING psi	AVERAGE psi		<input type="checkbox"/> ACID BREAKDOWN	MINIMUM BPM
FINAL DISPLACEMENT psi	ISIP psi		<input type="checkbox"/> ACID STIMULATION	MAXIMUM BPM
ANNULUS psi	5 MIN SIP psi		<input type="checkbox"/> ACID SPOTTING	AVERAGE BPM
MAXIMUM psi	15 MIN SIP psi		<input type="checkbox"/> MISC PUMP	
MINIMUM psi			<input type="checkbox"/> OTHER	HYD HHP = RATE X PRESSURE X 40.8

INSTRUCTIONS PRIOR TO JOB MIRU circ MHP 212 sks, H2O Req 29 bbl, Displ 19.5
Annulus - .2647, Capacity - .0415, Neat cement w/3% CC, 1.27 yld, 15.2 lb,
H2O gal per sack 5.76, Paul request 1 cup of dye and 100% EXCESS

JOB SUMMARY

DESCRIPTION OF JOB EVENTS

<u>MIRU Safety</u>	<u>Circ</u>	<u>MHP</u>	<u>Drop plug</u>	<u>Displ</u>	<u>shut-in</u>
<u>9:30</u>	<u>12:38</u>	<u>12:43</u>	<u>12:50</u>	<u>1:05</u>	<u>1:16</u>
				<u>100-0-1:07</u>	
				<u>100-10-1:09</u>	
				<u>200 19.5-1:14</u>	

[Handwritten Signature]

AUTHORIZATION TO PROCEED

TITLE

DATE



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B.O.C. Tailgate Safety Meeting Report

INVOICE 8445

Date 4/19/10 Time 12:38 AM PM Meeting Facilitator Jon Hull
 Facility Name and Location Quimex - Ballyneal Work to be Undertaken SURFACE
 Nearest Emergency Medical Service Number (Other than 911) WRAY

MINIMUM STANDARDS REQUIREMENT VERIFICATION (must be verified for all members of a work party)

- Hard Hat Safety Glasses w/sideshields Safety Toed Footwear Personal Methane Monitor Verify Safety Training
- Flame Resistant Clothing New on Job Review Onsite Orientation Other (specify) _____

HAZARD IDENTIFICATION AND SAFETY BRIEFING DISCUSSION (Check and Discuss all Relevant Hazards)

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Positions of People | <input type="checkbox"/> Job Safety Analysis Reviewed (if applicable) | <input type="checkbox"/> Hazardous Substance |
| <input type="checkbox"/> Falling from Heights | <input type="checkbox"/> NORM or Other Radiation | <input type="checkbox"/> Hazardous Atmosphere |
| <input checked="" type="checkbox"/> Slips/Trips/Falls | <input type="checkbox"/> Overhead work/suspended Loads/Chains/Slings | <input type="checkbox"/> Walking/Working Surfaces |
| <input type="checkbox"/> Extreme Heat/Cold | <input type="checkbox"/> Trapped Pressure | <input type="checkbox"/> Noise Levels |
| <input type="checkbox"/> Electrical Current | <input type="checkbox"/> Flammable/Combustible/Explosives | <input type="checkbox"/> Sharp Edges |
| <input type="checkbox"/> Overexertion/Heavy Lifting | <input type="checkbox"/> Pinch Points/Moving/Rotating Equipment | <input type="checkbox"/> Insects/Snakes/etc. |
| <input type="checkbox"/> Spills/Releases | <input type="checkbox"/> Waste Handling/Disposal | <input type="checkbox"/> MSDS's Reviewed |
| <input type="checkbox"/> Flying Particles | <input type="checkbox"/> Excavation Collapse | <input type="checkbox"/> Walk Around Site Assessment |
| <input type="checkbox"/> Overhead Power Lines | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

ADDITIONAL PPE REQUIREMENT (based on the job specific hazards, check all that apply)

- | | | | |
|---|--|---|---|
| Eyes/Face | Hands | Feet | Other |
| <input type="checkbox"/> Tinted Lenses | <input type="checkbox"/> Chemical Resistant Gloves | <input type="checkbox"/> Rubber Boots | <input type="checkbox"/> Air Purifying Respirator |
| <input type="checkbox"/> Goggles | <input type="checkbox"/> Heat Resistant Gloves | <input type="checkbox"/> Over Boots | <input type="checkbox"/> Supplied Air Respirator |
| <input type="checkbox"/> Faceshield | <input type="checkbox"/> Cotton or Leather Gloves | <input type="checkbox"/> Dielectric Boots | <input type="checkbox"/> Personal H2S Monitor (if in sour area) |
| <input type="checkbox"/> Hearing Protection | <input type="checkbox"/> Dielectric Gloves | <input type="checkbox"/> _____ | <input type="checkbox"/> Chemical Resistant Clothing |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> Personal Fall Arrest Systems |
| | | | <input type="checkbox"/> _____ |

EMERGENCY PREPARATIONS

- Muster Areas Communication Methods Means of Egress Emergency Equipment

Additional Topics Covered:

Attendees (Signature)/Company	Attendees (Signature)/Company
<u>[Signature]</u>	<u>[Signature]</u>
<u>[Signature]</u>	<u>[Signature]</u>
<u>[Signature]</u>	
<u>[Signature]</u>	

Other Considerations and Field Notes:

