

BISON OIL WELL CEMENTING, 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
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>Reg 8:30</u>				

WELL DATA

HOLE SIZE <u>7 7/8</u>	TUBING SIZE	PERFORATIONS	PRESSURE LIMITATIONS	
TOTAL DEPTH <u>510</u>	TUBING DEPTH	SHOTS/FT	THEORETICAL	INSTRUCTED
	TUBING WEIGHT	OPEN HOLE	SURFACE PIPE ANNULUS LONG	
CASING SIZE <u>7</u>	TUBING CONDITION		STRING	
CASING DEPTH		TREATMENT VIA	TUBING	
CASING WEIGHT <u>17</u>	PACKER DEPTH		TYPE OF TREATMENT	
CASING CONDITION <u>good</u>	<u>PB 590</u>		TREATMENT RATE	
			[] SURFACE PIPE	BREAKDOWN BPM
			[] PRODUCTION CASING	INITIAL BPM
			[] SQUEEZE CEMENT	FINAL BPM
			[] ACID BREAKDOWN	MINIMUM BPM
			[] ACID STIMULATION	MAXIMUM BPM
			[] ACID SPOTTING	AVERAGE BPM
			[] MISC PUMP	
			[] OTHER	HYD HHP = RATE X PRESSURE X 40.8

PRESSURE SUMMARY

BREAKDOWN or CIRCULATING psi	AVERAGE psi	
FINAL DISPLACEMENT psi	ISIP psi	
ANNULUS psi	5 MIN SIP psi	
MAXIMUM psi	15 MIN SIP psi	
MINIMUM psi		

INSTRUCTIONS PRIOR TO JOB MIRU circ MHP 212 sks, H2O Reg 29 bbl, Displ 19.5
Annulus - .2647, Capacity - .0415, Next 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>					

[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 Unimex - Ballyneal Work to be Undertaken Surface
Nearest Emergency Medical Service Number (Other than 911) WRAU

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 checked="" 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"/> _____ |

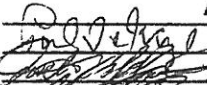
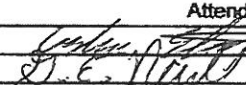

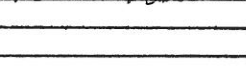

ADDITIONAL PPE REQUIREMENT (based on the job specific hazards, check all that apply)

- | | | | |
|---|--|---|---|
| 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
	
	
	

Other Considerations and Field Notes:



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Cementing Customer Satisfaction Survey

Service Date 4/19/10
Invoice Amount 5469.50
Well Name Ballynea
Well Location Wet
County Yuma
SEC/TWP/RNG 7-5N-44W
State CO
Supervisor Name Paul DeLong
Employee Name _____

Invoice Number 8445
Well Permit Number ~~05-125-1135-00~~
Well Type Gas
Well Number 2-7-5-44
Lease _____
Job Type Surface
Company Name OMIMEX
Customer Representative Paul
Customer Phone Number _____
Exposure Hours (Per Employee) _____

Justin Crink
Jon Hull

7
7

Total Exposure Hours 14

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 Expectations (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

Opportunity

- Best Practices
- Potential Best Practice
- Prevention/Improvement

RATING / CATEGORY

- ☒ Personnel -
- ☐ Equipment -
- ☐ Job Design -
- ☐ Product / Material -
- ☐ Health & Safety -
- ☐ Environmental -
- ☐ Timeliness -
- ☐ Condition / Appearance -
- ☐ Communication -
- ☒ Improvement -

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 customer, completed when expected)?
- Did the equipment condition and appearance meet your expectation?
- How well did our personnel communicate during mobilization, rig up, and job execution?
- What can we do to improve our service?

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?

Additional Comments:

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?

THE INFORMATION HEREIN IS CORRECT -

Customer Representative's Signature

Date

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