



# 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

## TREATMENT REPORT

REF. INVOICE # 10652  
 LOCATION Hugo Co  
 FOREMAN Lee Skyp

DATE <u>11/20/2011</u>	WELL NAME <u>Stem 06-0715</u>	SECTION <u>7</u>	TWP <u>11S</u>	RGE <u>55W</u>	COUNTY <u>Gunnison</u>	FORMATION
CHARGE TO <u>Aurora Operating</u>			OWNER			
MAILING ADDRESS			OPERATOR <u>Aurora Operating</u>			
CITY			CONTRACTOR <u>Frontier #4</u>			
STATE ZIP CODE			DISTANCE TO LOCATION			
TIME ARRIVED ON LOCATION <u>6:45 AM</u> <u>2:00 AM</u>			TIME LEFT LOCATION <u>5:00p</u>			

WELL DATA			PRESSURE LIMITATIONS		
HOLE SIZE <u>12 1/4</u>	TUBING SIZE	PERFORATIONS		THEORETICAL	INSTRUCTED
TOTAL DEPTH <u>578</u>	TUBING DEPTH	SHOTS/FT		SURFACE PIPE ANNULUS LONG	
	TUBING WEIGHT	OPEN HOLE		STRING	
CASING SIZE <u>9 5/8</u>	TUBING CONDITION			TUBING	
CASING DEPTH <u>520.2</u>		TREATMENT VIA	TYPE OF TREATMENT		TREATMENT RATE
CASING WEIGHT <u>36</u>	PACKER DEPTH		<input checked="" type="checkbox"/> SURFACE PIPE	BREAKDOWN BPM	
CASING CONDITION <u>New</u>			<input type="checkbox"/> PRODUCTION CASING	INITIAL BPM	
			<input type="checkbox"/> SQUEEZE CEMENT	FINAL BPM	
			<input type="checkbox"/> ACID BREAKDOWN	MINIMUM BPM	
			<input type="checkbox"/> ACID STIMULATION	MAXIMUM BPM	
			<input type="checkbox"/> ACID SPOTTING	AVERAGE BPM	
			<input type="checkbox"/> MISC PUMP		
			<input type="checkbox"/> 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<sup>SM</sup> BC Die MEP Displace Set Plug RDCU  
Cement Bill. lite 15.2 lb/gal, 4.2 sacks, 1.07 yield  
100% excess 304.5 sacks ~~with~~ Annulus Factor .3132 Annulus cap 29.02  
30.4 bbl mix casing cap .0773  
10 bbl die, 10 bbl fresh, cement, displace 36.5 bbl, 16.5 bbl pit  
 JOB SUMMARY  
 DESCRIPTION OF JOB EVENTS MIRU@ 200p Safety@ 210p BC@ 302 Die@ 304

<u>MEP@ 312</u>	<u>Displace@</u>	<u>Set plug@ 352</u>	<u>RDCU@ 400</u>
<u>30.5 bbl</u>	<u>332p 10 10psi</u>		
<u>304.2 sacks</u>	<u>836 20 90psi</u>		
<u>15.2 lb/gal</u>	<u>344 30 80psi</u>		
<u>4.2 sacks</u>	<u>352 36.5 510psi</u>		
<u>1.07 yield</u>			

3 bbl of mud was released into 300 bbl of water used for mixing

[Signature] AUTHORIZATION TO PROCEED  
Company Man TITLE  
11/20/2011 DATE

Customers hereby acknowledges and specifically agrees to the terms and conditions on this work order, including, without limitation, the provisions on the reverse side hereof which include the release and indemnity.



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

# B.O.C. Tailgate Safety Meeting Report

INVOICE 10652

Date 11/20/01 Time AM Meeting Facilitator Joe Shamp

Facility Name and Location Unit #4 Hugo Co Work to be Undertaken Surface

Nearest Emergency Medical Service Number (Other than 911) Hugo Co

**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)

- |   |  |   |
|---|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Positions of People</li> <li><input type="checkbox"/> Falling from Heights</li> <li><input type="checkbox"/> Slips/Trips/Falls</li> <li><input type="checkbox"/> Extreme Heat/Cold</li> <li><input type="checkbox"/> Electrical Current</li> <li><input type="checkbox"/> Overexertion/Heavy Lifting</li> <li><input type="checkbox"/> Spills/Releases</li> <li><input type="checkbox"/> Flying Particles</li> <li><input type="checkbox"/> Overhead Power Lines</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Job Safety Analysis Reviewed (if applicable)</li> <li><input type="checkbox"/> NORM or Other Radiation</li> <li><input type="checkbox"/> Overhead work/suspended Loads/Chains/Slings</li> <li><input type="checkbox"/> Trapped Pressure</li> <li><input type="checkbox"/> Flammable/Combustible/Explosives</li> <li><input type="checkbox"/> Pinch Points/Moving/Rotating Equipment</li> <li><input type="checkbox"/> Waste Handling/Disposal</li> <li><input type="checkbox"/> Excavation Collapse</li> <li><input type="checkbox"/> _____</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Hazardous Substance</li> <li><input type="checkbox"/> Hazardous Atmosphere</li> <li><input type="checkbox"/> Walking/Working Surfaces</li> <li><input type="checkbox"/> Noise Levels</li> <li><input type="checkbox"/> Sharp Edges</li> <li><input type="checkbox"/> Insects/Snakes/etc.</li> <li><input type="checkbox"/> MSDS's Reviewed</li> <li><input type="checkbox"/> Walk Around Site Assessment</li> <li><input type="checkbox"/> _____</li> </ul> |
|---|--|---|

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

- |  |   |  |   |
|--|---|--|---|
| <p><b>Eyes/Face</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Tinted Lenses</li> <li><input type="checkbox"/> Goggles</li> <li><input type="checkbox"/> Faceshield</li> <li><input type="checkbox"/> Hearing Protection</li> <li><input type="checkbox"/> _____</li> </ul> | <p><b>Hands</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Chemical Resistant Gloves</li> <li><input type="checkbox"/> Heat Resistant Gloves</li> <li><input type="checkbox"/> Cotton or Leather Gloves</li> <li><input type="checkbox"/> Dielectric Gloves</li> <li><input type="checkbox"/> _____</li> </ul> | <p><b>Feet</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Rubber Boots</li> <li><input type="checkbox"/> Over Boots</li> <li><input type="checkbox"/> Dielectric Boots</li> <li><input type="checkbox"/> _____</li> </ul> | <p><b>Other</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Air Purifying Respirator</li> <li><input type="checkbox"/> Supplied Air Respirator</li> <li><input type="checkbox"/> Personal H2S Monitor (if in sour area)</li> <li><input type="checkbox"/> Chemical Resistant Clothing</li> <li><input type="checkbox"/> Personal Fall Arrest Systems</li> <li><input type="checkbox"/> _____</li> </ul> |
|--|---|--|---|

**EMERGENCY PREPARATIONS**

- Muster Areas  Communication Methods  Means of Egress  Emergency Equipment

Additional Topics Covered: \_\_\_\_\_

Attendees (Signature)/Company	Attendees (Signature)/Company
<u>Joe Shamp</u>	<u>Tim ...</u>
<u>Shane ...</u>	<u>...</u>
<u>Marty ...</u>	<u>...</u>
<u>...</u>	<u>...</u>

Other Considerations and Field Notes:



Bison Oil Well Cementing, Inc  
 1738 Wynkoop St., Ste. 102  
 Denver, CO 80202  
 303-296-3010  
 www.Bisonoilwell.com

**Cementing Customer Satisfaction Survey**

Service Date 11 20 2011  
 Invoice Amount 10848.25  
 Well Name Stump  
 Well Location Hurd  
 County Garfield  
 SEC/TWP/RNG 7 11S 55W  
 State CO  
 Supervisor Name Joe JLP

Invoice Number 10652  
 Well Permit Number 06-0715-05-073-06461  
 Well Type \_\_\_\_\_  
 Well Number 06-0715  
 Lease \_\_\_\_\_  
 Job Type \_\_\_\_\_  
 Company Name Surface  
 Customer Representative Ashuan Operating  
 Customer Phone Number \_\_\_\_\_

Joe Spauld  
Mont. Redwood  
Shan. Carr

Employee Name \_\_\_\_\_ Exposure Hours (Per Employee)

3  
3  
3

Total Exposure Hours 9

Did we encounter any problems on this job? Yes / No

**To Be Completed By Customer**

- |  |                         |
|--|-------------------------|
| <b>Rating/Description</b>  | <b>Opportunity</b>      |
| 5 - Superior Performance ( Established new quality / performance standards )       | Best Practices          |
| 4 - Exceeded Expectations ( Provided more than what was required / expected )      | Potential Best Practice |
| 3 - Met Expectations ( Did what was expected )                                     | Prevention/Improvement  |
| 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

RATING / CATEGORY	CUSTOMER SATISFACTION RATING
<u>4</u> Personnel -	Did our personnel perform to your satisfaction ?
<u>3</u> Equipment -	Did our equipment perform to your satisfaction ?
<u>3</u> Job Design -	Did we perform the job to the agreed upon design ?
<u>3</u> Product / Material -	Did our products and materials perform as you expected ?
<u>3</u> Health & Safety -	Did we perform in a safe and careful manner ( Pre / post mtgs, PPE, TSMR, etc.. ) ?
<u>2</u> Environmental -	Did we perform in an environmentally sound manner ( Spills, leaks, cleanup, etc.. ) ?
<u>3</u> Timeliness -	Was job performed as scheduled(On time to site, accessible to customer, completed when expected)?
<u>3</u> Condition / Appearance -	Did the equipment condition and appearance meet your expectation?
<u>3</u> Communication -	How well did our personnel communicate during mobilization, rig up, and job execution?
<u>3</u> Improvement -	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 -

Joe JLP  
 Customer Representative's Signature

11-20-11  
 Date

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