

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



№ 10652

WELL NO. AND FARM STUM 06-0715		COUNTY Gunnison	STATE CO	DATE 11 20 2011
CHARGE TO Arban Operating	WELL LOCATION SEC. 7	TWP. 11S	RANGE 55W	CONTRACTOR FRANTICK
		DELIVERED TO Hugo Co		LOCATION 1 Hugo Co
		SHIPPED VIA 4022 3104, 3105 3201		LOCATION 2 Hugo Co
	TYPE AND PURPOSE OF JOB Surface			LOCATION 3 Hugo Co
				WELL TYPE oil
		UNITS	UNIT PRICE	AMOUNT

[illegible]

If this account is not paid within 30 days of invoice date a FINANCE CHARGE will be made. Computed at a single monthly rate of 1 1/4% which is equal to an ANNUAL PERCENTAGE RATE OF 18%.

TAX REFERENCES

SUB TOTAL

TAX

TOTAL

SUBJECT TO CORRECTION

"TAXES WILL BE ADDED AT CORPORATE OFFICE"

Customer or His Agent

Bison Oil Well Cementing, Inc. Representative

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.

BISON OIL WELL CEMENTING, INC.



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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>Auburn Operating</u>			OWNER			
MAILING ADDRESS			OPERATOR <u>Auburn 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 PM</u>			TIME LEFT LOCATION <u>5:00 PM</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

INSTRUCTIONS PRIOR TO JOB MIRUSM BC Die MEP Displace Set Plug RDCU
Cement BIII 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

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

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



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B.O.C. Tailgate Safety Meeting Report

INVOICE 10652

Date 11/20/01 Time ☐ AM ☒ PM Meeting Facilitator Joe Sharp
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)

- | | | |
|---|---|--|
| <input 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 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"/> <u> </u> | <input type="checkbox"/> <u> </u> |

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"/> <u> </u> | <input type="checkbox"/> Chemical Resistant Clothing |
| <input type="checkbox"/> <u> </u> | <input type="checkbox"/> <u> </u> | | <input type="checkbox"/> Personal Fall Arrest Systems |
| | | | <input type="checkbox"/> <u> </u> |

EMERGENCY PREPARATIONS

- ☐ Muster Areas ☐ Communication Methods ☐ Means of Egress ☐ Emergency Equipment

Additional Topics Covered:

Attendees (Signature)/Company	Attendees (Signature)/Company
<u>Joe Sharp</u>	<u>Tim R. Smith</u>
<u>Shane Carr</u>	<u>W. J. Smith</u>
<u>Marky Beaudry</u>	
<u>Scott R. Smith</u>	
<u>Cody R. Smith</u>	

Other Considerations and Field Notes:



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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
Employee Name _____

Invoice Number 10652
Well Permit Number 06-0715 05-073-06461
Well Type _____
Well Number 06-0715
Lease _____
Job Type Surface
Company Name Arbura Operating
Customer Representative Ryan
Customer Phone Number _____
Exposure Hours (Per Employee) _____

Total Exposure Hours 9

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

- 4 Personnel -
- 3 Equipment -
- 3 Job Design -
- 3 Product / Material -
- 3 Health & Safety -
- 2 Environmental -
- 3 Timeliness -
- 3 Condition / Appearance -
- 3 Communication -
- 3 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