



BISON

Bison Oil Well Cementing Inc.
 1738 Wynkoop St.
 Suite 102
 Denver, CO 80202
 303-296-3010

received
 3/3/11

Invoice

Date	Invoice #
2/26/2011	9880

Bill To
Merchant Energy Partners LLC 10901 W Fuller Drive, Suite 200 Littleton, CO 80127

*Squeeze 500
 3rd time*

RECEIVED
 MAR 09 2011
 By _____

Location	Well Name & No.	Terms	Rig
Logan CO	Gillhan #3	Net 30	

Item	Description	Qty	U/M	Rate	Amount
Pump Charge-O...	Pump Charge-Other	1		3,000.00	3,000.00
MILEAGE	Mileage charge	168		3.00	504.00
	Subtotal of Services				3,504.00
B3-Lite	50/50 Poz (3%*)	150	Sack	16.00	2,400.00T
	Subtotal of Materials				2,400.00
					5,904.00

*1
 599
 150
 749*

Please Remit Invoices To:

Bison Oil Well Cementing, Inc.
 P.O. Box 29671
 Thornton, CO 80229

APPROVED *[Signature]* DATE 3/1/2011
 AFE # 2009-1
 WELL NAME 10002
 PROP/COST # _____ CO # 190
 GLACCOUNT 830.100 AMOUNT \$ 5997.60
 DESCRIPTION _____

Subtotal	\$5,904.00
Sales Tax (3.9%)	\$93.60
Total	\$5,997.60
Balance Due	\$5,997.60

BISON OIL WELL CENTERING, INC.



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

INVOICE # 9880
 LOCATION Sterling
 FOREMAN Randy Newton

TREATMENT REPORT

DATE	WELL NAME	SECTION	TWP	RGE	COUNTY	FORMATION
2-20-11	Bill Ham #3	6	11N	52W	Logan	
CHARGE TO <u>Merchant</u>			OWNER <u>Medchant</u>			
MAILING ADDRESS			OPERATOR			
CITY			CONTRACTOR <u>Eastern Colorado Well Service</u>			
STATE ZIP CODE			DISTANCE TO LOCATION <u>84 mi</u>			
TIME ARRIVED ON LOCATION <u>11:30 AM</u>			TIME LEFT LOCATION <u>4:30 PM</u>			

WELL DATA			PRESSURE LIMITATIONS		
HOLE SIZE <u>9 1/2</u>	TUBING SIZE	PERFORATIONS		THEORETICAL	INSTRUCTED
TOTAL DEPTH	TUBING DEPTH	SHOTS/FT	SURFACE PIPE ANNUALUS LONG		
	TUBING WEIGHT	OPEN HOLE	STRING		
CASING SIZE <u>5 1/2</u>	TUBING CONDITION		TUBING		
CASING DEPTH		TREATMENT VIA	TYPE OF TREATMENT		TREATMENT RATE
CASING WEIGHT	PACKER DEPTH		<input type="checkbox"/> SURFACE PIPE	BREAKDOWN BPM	
CASING CONDITION			<input type="checkbox"/> PRODUCTION CASING	INITIAL BPM	
PRESSURE SUMMARY			<input checked="" type="checkbox"/> SQUEEZE CEMENT	FINAL BPM	
BREAKDOWN or CIRCULATING psi	AVERAGE psi		<input type="checkbox"/> ACID BREAKDOWN	MAXIMUM BPM	
FRAC DISPLACEMENT psi	ISIP psi		<input type="checkbox"/> ACID STIMULATION	MAXIMUM BPM	
ANNUALUS psi	5 MIN SIP psi		<input type="checkbox"/> ACID SPOTTING	AVERAGE BPM	
MAXIMUM psi	15 MIN SIP psi		<input type="checkbox"/> MISC PUMP		
INITIUM psi			<input type="checkbox"/> OTHER	HYD HP = RATE x PRESSURE x 40.8	

INSTRUCTIONS PRIOR TO JOB on IERu Circ establish pack then mix 30 sls 73-147C @ 15.216 per gallon water @ 4.78 gal/sk 3.3 lbs mix yield of 1.3 cut per sk Displace ~~3~~ 3 bbls water shut down stage out unkill 1000 PSI then shut in

DESCRIPTION OF JOB EVENTS	MTR	Circ	Mix	Displace	shut in
	11:30	12:54	1:00	1:13 pm	1:27 pm
				1 1/2 3 bbls 500	2:10 pm
				2:05 pm	2:41 pm
				2:10 160 550	3:15 pm
				2:45 160 600	3:20 3:20 pm
				3:15 1/2 41700	
				3:45 1/2 481 600	
				4:15 1/2 900	

[Signature]
 AUTHORIZATION TO PROCEED _____ TITLE _____ DATE 2-26-11

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
 1738 Wynkoop St., Ste. 102
 Denver, CO 80202
 303-296-3010
 www.Bisonoilwell.com

Cementing Customer Satisfaction Survey

Service Date 2-26-11
 Invoice Amount 5,904.00
 Well Name Chilham
 Well Location Stirling
 County Garfield
 SEC/TWP/RNG 6-11N-52W
 State CO
 Supervisor Name Richard Raudy

Invoice Number 9880
 Well Permit Number _____
 Well Type 10 Section
 Well Number #3
 Lease Merchant
 Job Type Spudwell
 Company Name Schneider
 Customer Representative Kelly Reinholdt
 Customer Phone Number _____

Employee Name Raudy
Tom

 Total Exposure Hours 10

Exposure Hours (Per Employee)
5
5

 Did we encounter any problems on this job? Yes No

To Be Completed By Customer

- | | |
|--|--|
| <p>Rating/Description</p> <ul style="list-style-type: none"> 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]) <p>* Recovery: resolved issue(s) on jobsite in a timely and professional manner</p> | <p>Opportunity</p> <ul style="list-style-type: none"> Best Practices Potential Best Practice Prevention/Improvement |
|--|--|

RATING / CATEGORY	CUSTOMER SATISFACTION RATING
<u>5</u> Personnel -	Did our personnel perform to your satisfaction ?
<u>4</u> Equipment -	Did our equipment perform to your satisfaction ?
<u>4</u> Job Design -	Did we perform the job to the agreed upon design ?
<u>4</u> Product / Material -	Did our products and materials perform as you expected ?
<u>4</u> Health & Safety -	Did we perform in a safe and careful manner (Pre / post mtgs, PPE, TSMR, etc..) ?
<u>4</u> Environmental -	Did we perform in an environmentally sound manner (Spills, leaks, cleanup, etc..) ?
<u>4</u> Timeliness -	Was job performed as scheduled (On time to site, accessible to customer, completed when expected)?
<u>4</u> Condition / Appearance -	Did the equipment condition and appearance meet your expectation?
<u>4</u> Communication -	How well did our personnel communicate during mobilization, rig up, and job execution?
<u>4</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 -
Kelly Reinholdt 2-26-11
 Customer Representative's Signature Date
 Any additional Customer Comments or HSE concerns should be described on the back of this form