



BISON

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

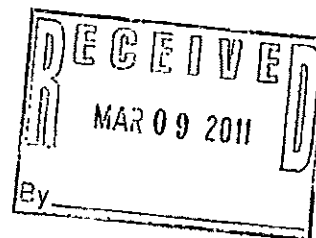
received
 3/3/11

Invoice

Date	Invoice #
2/26/2011	9880

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

*Squeeze 560
 3rd time*



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	2,400.00
	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 *3/7/2011*

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

№ 9880

WELL NO. AND FARM Gillham #3	COUNTY Logan	STATE CO.	DATE 2-26-11
CHARGE TO Merchant Energy	WELL LOCATION SEC. 6	TWP. 11N RANGE 52W	CONTRACTOR Easton C. C. C. Well Services
	DELIVERED TO Sterling	LOCATION 1 Yuma	CODE
	SHIPPED VIA 4014, 3101	LOCATION 2 Sterling	CODE
	TYPE AND PURPOSE OF JOB Squere	LOCATION 3 Yuma	CODE
		WELL TYPE	CODE

[illegible]

TAX REFERENCES

SUB TOTAL
3.97 TAX

SUBJECT TO CORRECTION

Customer or His Agent 2.26.11 R. P. M. Blain Oil Well Cementing, Inc. Rep.

Customer 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, Colorado 80202
Phone: 303-298-3010
Fax: 303-298-8143
E-mail: bisonoil@qwestoffice.net

INVOICE # 9880
LOCATION Sterling
FOREMAN Randy Newton

TREATMENT REPORT

DATE <u>2-20-11</u>	WELL NAME <u>Bill Ham #3</u>	SECTION <u>6</u>	TWP <u>11N</u>	RGE <u>52W</u>	COUNTY <u>Logan</u>	FORMATION
CHARGE TO <u>Merchant</u>			OWNER <u>Merchant</u>			
MAILING ADDRESS			OPERATOR			
CITY			CONTRACTOR <u>Eastern Colorado Well Service</u>			
STATE ZIP CODE			DISTANCE TO LOCATION <u>8.5 mi</u>			
TIME ARRIVED ON LOCATION <u>11:30 AM</u>			TIME LEFT LOCATION <u>4:50 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 <u>5.45</u>	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		[] SURFACE PIPE		BREAKDOWN BPM
CASING CONDITION			[] PRODUCTION CASING		INITIAL BPM
			[x] SQUEEZE CEMENT		FINAL BPM
			[] ACID BREAKDOWN		MAXIMUM BPM
			[] ACID STIMULATION		MAXIMUM BPM
			[] ACID SPOTTING		AVERAGE BPM
			[] MISC PUMP		
			[] OTHER		HYD HP = RATE x PRESSURE x 40.8

INSTRUCTIONS PRIOR TO JOB on T.R.U. Circ establish pack then mix 30 sacks B3-147C @ 15.216 per gallon water @ 4.78 gal/sk 3.3 bbls mix yield of 1.3 cu ft per sk Displace 3 bbls water shut down stage out until 1000 PSI then shut in

JOB SUMMARY	DESCRIPTION OF JOB EVENTS	MT Rn	Circ	MT	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	3:45 PM
					3:15 1/2 4700	3:45 PM
					3:45 1/2 800	4:15 PM
					4:15 1/2 900	

AUTHORIZATION TO PROCEED

TITLE

DATE

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Bison Oil Well Cementing, Inc.
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Denver, CO 80202
303-296-3010
www.Bisonoilwell.com

Cementing Customer Satisfaction Survey

Service Date 2-26-11
Invoice Amount \$584.00
Well Name Chilham
Well Location Stellin
County Garfield
SEC/TWP/RNG 6-11N-52W

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

State CO
Supervisor Name Randy Newby

Employee Name

Exposure Hours (Per Employee)

Randy Newby

5

Total Exposure Hours 10

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

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