

SERVICE INVOICE

№ 11216

WELL NO. AND FARM Flanigan 1A-6H	COUNTY Weld	STATE CO	DATE 7-19-12
CHARGE TO Enranga	WELL LOCATION SEC. 6 TWP. 1N RANGE 64W		CONTRACTOR Emission 124
	DELIVERED TO 52-51	LOCATION 1 52-51	CODE
	SHIPPED VIA 3103-3203	LOCATION 2 52-51	CODE
	TYPE AND PURPOSE OF JOB Surface Pipe	LOCATION 3 52-51	CODE
		WELL TYPE Gas	CODE

PRICE REFERENCE	DESCRIPTION	UNITS		UNIT PRICE	AMOUNT
		QTY.	MEAS.		
	Pump charge	1	per h	1100 ⁰⁰	1100 ⁰⁰
	BFAITE 3% RFL-1, 25K per SK BFI A-I	3141	gls	22 ⁰⁰	6908 ⁰⁰
	Mileage Pickup 1/2 hr per mi. complete round trip		each	90 ⁰⁰	90 ⁰⁰
	Mileage Trailer 1/2 hr per mile complete round trip		per h	240 ⁰⁰	480 ⁰⁰
	BCLT-1	2	GHS	25 ⁰⁰	50 ⁰⁰
	Dye	10	OZ	15 ⁰⁰	150 ⁰⁰
	Data Arc	1	Perch	225 ⁰⁰	225 ⁰⁰
	Sugar	100	LBS	2 ⁰⁰	200 ⁰⁰
	Job time	4	Hrs	250 ⁰⁰	1000 ⁰⁰
	Total Weight		Ton Miles		
	Loaded Miles				

TAX REFERENCES

SUB TOTAL

TAX

TOTAL

SUBJECT TO CORRECTION

Flanigan
12164647

"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.



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

REF. INVOICE # 11216

LOCATION 52-51

FOREMAN K. K. Kallio FF
Tucker Scott

TREATMENT REPORT

DATE	WELL NAME	SECTION	TWP	RGE	COUNTY	FORMATION
7-19-12	Flanigan 1A-6H	6	1N	64W	Weld	

CHARGE TO Enranga	OWNER
MAILING ADDRESS	OPERATOR Enranga
CITY	CONTRACTOR Ensign 124
STATE ZIP CODE	DISTANCE TO LOCATION
TIME ARRIVED ON LOCATION 5:00 am	TIME LEFT LOCATION 2:45 pm

WELL DATA			PRESSURE LIMITATIONS		
HOLE SIZE 17 1/4	TUBING SIZE	PERFORATIONS		THEORETICAL	INSTRUCTED
TOTAL DEPTH 1018	TUBING DEPTH	SHOTS/FT		SURFACE PIPE ANNULUS LONG	
PTSD 966.50	TUBING WEIGHT	OPEN HOLE		STRING	
CASING SIZE 9 5/8	TUBING CONDITION			TUBING	
CASING DEPTH 1012		TREATMENT VIA		TYPE OF TREATMENT	TREATMENT RATE
CASING WEIGHT 4015	PACKER DEPTH			<input checked="" type="checkbox"/> SURFACE PIPE	BREAKDOWN BPM
CASING CONDITION Good				<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 Rig up, safety meeting, Permitted, Per roman r/c 20 BBls 2 1/2 H2O 2nd 104/dye, mix & Pump
314 SKs cement at 25 % excess at 127yd at 152 lbs cement. Release Plug Disp
73.2 BBls 170 Buam Plug 11 Kpsi over 1171 psi wait 5 min Release. PSI watch up. Rig down.
1170 test OK
71 BBls slurry

Arrived 12/550 SKs cement 1171 test OK 1600 Dye

JOB SUMMARY
DESCRIPTION OF JOB EVENTS Safety meeting 12:27pm r/c 1:05pm cement 1:16pm Slurry cement 1:26pm
Disp Plug 1:28pm Displace 1:28pm
10 BBls At 6 BBls/m 1:31pm 300psi
20 BBls At 6 BBls/m 1:32pm 350psi
30 BBls At 6 BBls/m 1:34pm 400psi
40 BBls At 6 BBls/m 1:35pm 450psi
50 BBls At 4 BBls/m 1:42pm 400psi
60 BBls At 4 BBls/m 1:46pm 450psi
70 BBls At 3.5 BBls/m 1:48pm 450psi
73.2 BBls At 1 BBls/m 1:51pm 350psi
Buam Plug 1:51pm 600psi
1:54pm 236 SKs cement 3gals 2gals 1600 Dye
BBls Back 4

Sandy Pilling
AUTHORIZATION TO PROCEED
TITLE
DATE 7/19/12



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 7-19-12
Invoice Amount _____
Well Name Flanigan
Well Location 52-51
County Weld
SEC/TWP/RNG 6-1N-64W
State CO
Supervisor Name L. K. Dailly FF

Invoice Number 11216
Well Permit Number _____
Well Type Gas
Well Number 1A-6H
Lease _____
Job Type Surface Pipe
Company Name Embara
Customer Representative Sandy / Matt
Customer Phone Number _____

Employee Name

Exposure Hours (Per Employee)

Thurker
Scott

9.75
9.75

Total Exposure Hours _____

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

Sandy Balling
Customer Representative's Signature

7-19-12
Date

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



INVOICE 11216

Date 7-19-12 Time ☐ AM ☐ PM Meeting Facilitator K. K. Kallb. FF
Facility Name and Location Flanigan 1A-6H Work to be Undertaken Surface Pipe
Nearest Emergency Medical Service Number (Other than 911) Brenton

☐ 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)

<input checked="" type="checkbox"/> Positions of People	<input checked="" 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 checked="" type="checkbox"/> Slips/Trips/Falls	<input type="checkbox"/> Overhead work/suspended Loads/Chains/Slings	<input checked="" 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 checked="" type="checkbox"/> Excavation Collapse	<input checked="" type="checkbox"/> Walk Around Site Assessment
<input type="checkbox"/> Overhead Power Lines	<input type="checkbox"/>	<input type="checkbox"/>

<u>Eyes/Face</u>	<u>Hands</u>	<u>Feet</u>	<u>Other</u>
<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"/> Personal Fall Arrest Systems
			<input type="checkbox"/> _____

☒ Muster Areas ☒ Communication Methods ☒ Means of Egress ☒ Emergency Equipment

Additional Topics Covered:

Attendees (Signature)/Company	Attendees (Signature)/Company

Other Considerations and Field Notes: