

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



SERVICE INVOICE

№ 11220

WELL NO. AND FARM <i>Flanigan 2B-6H</i>	COUNTY <i>Weld</i>	STATE <i>CO</i>	DATE <i>7-26-12</i>
CHARGE TO <i>Enranga</i>	WELL LOCATION SEC. <i>6</i> TWP. <i>1N</i> RANGE <i>64W</i>		CONTRACTOR <i>Ensign 135</i>
DELIVERED TO <i>52-49</i>		LOCATION <i>1 Shop</i>	CODE
SHIPPED VIA <i>3103-3211</i>		LOCATION <i>2 52-49</i>	CODE
TYPE AND PURPOSE OF JOB <i>Surface Pipe</i>		LOCATION <i>3 Shop</i>	CODE
		WELL TYPE <i>Gas</i>	CODE

PRICE REFERENCE	DESCRIPTION	UNITS		UNIT PRICE	AMOUNT	
		QTY.	MEAS.			
	Pump Charge	1	perh	14100 ⁰⁰	14100	00
	BFLA-1 3/4 BFLA-1 25165 per sk BFLA-1	413	sk	72 ⁰⁰	9086	00
	BFLA-1	3	sk	25 ⁰⁰	75	00
	mileage Pickup 1/50 per mile 10 mile min Round Trip	1	perh	50 ⁰⁰	50	00
	mileage Tracker 1/100 per mile 10 mile min Round Trip	2	perh	210 ⁰⁰	420	00
	Dye	10	oz	15 ⁰⁰	150	00
	Data Arc	1	perh	225 ⁰⁰	225	00
	Sugar	50	lbs	2 ⁰⁰	100	00
	Flanigan 2B-6H 1216-43 8715-66 Ensign 135 RC J-T					
	Total Weight		Loaded Miles	Ton Miles		

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 1/2% which is equal to an ANNUAL PERCENTAGE RATE OF 18%.

TAX REFERENCES

"TAXES WILL BE ADDED AT CORPORATE OFFICE"

SUB TOTAL

TAX

TOTAL

SUBJECT TO CORRECTION

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.

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REF. INVOICE # 11220

LOCATION 52-49

FOREMAN Kirk Lallhoff
Mike R, Mike D. Scott

TREATMENT REPORT

DATE	WELL NAME	SECTION	TWP	RGE	COUNTY	FORMATION
7-26-12	Flanigan 2B-6H	6	1N	64W	Weld	
CHARGE TO Enram		OWNER				
MAILING ADDRESS		OPERATOR Enram				
CITY		CONTRACTOR Ensign 135				
STATE ZIP CODE		DISTANCE TO LOCATION				
TIME ARRIVED ON LOCATION 8:00am		TIME LEFT LOCATION 1:00pm				

WELL DATA			PRESSURE LIMITATIONS		
HOLE SIZE 12 1/4	TUBING SIZE	PERFORATIONS	THEORETICAL		INSTRUCTED
TOTAL DEPTH 10416	TUBING DEPTH	SHOTS/FT	SURFACE PIPE ANNULUS LONG		
PST 999.73	TUBING WEIGHT	OPEN HOLE	STRING		
CASING SIZE 9 5/8	TUBING CONDITION		TUBING		
CASING DEPTH 10444.60		TREATMENT VIA	TYPE OF TREATMENT		TREATMENT RATE
CASING WEIGHT 4016	PACKER DEPTH		[X] SURFACE PIPE		BREAKDOWN BPM
CASING CONDITION good			[] PRODUCTION CASING		INITIAL BPM
			[] SQUEEZE CEMENT		FINAL BPM
			[] ACID BREAKDOWN		MINIMUM BPM
			[] ACID STIMULATION		MAXIMUM BPM
			[] ACID SPOTTING		AVERAGE BPM
			[] MISC PUMP		
			[] 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, Ps test, Perforation r/c 30 BBS Kcl H2O 2nd 10 1/4 Dye psi r/c Pump 362 sks cement at 40% Excess at 127 yd/l at 152 lbs, Release Plug, Disp 75.7 BBS H2O Bump Plug At 150 Psi c/w L.F.I Psi, wait 5 min Release Psi, wash up Rig Down

Arrived w/ 100 sks cement 4 gal Kcl 1600 Dye

JOB SUMMARY

DESCRIPTION OF JOB EVENTS Safety meeting 9:07am r/c 10:11am cement 10:17am stop cement 10:51am

Dye Plug 10:52am Displace 10:52am

10 1/4 Dye 6 BBS 10:50am 350psi

20 BBS AT 6 BBS 10:55am 350psi

30 BBS AT 6 BBS 10:57am 350psi

40 BBS AT 6 BBS 10:58am 800psi

50 BBS AT 6 BBS 11:00am 800psi

60 BBS AT 6 BBS 11:02am 500psi

70 BBS AT 3.5 BBS 11:03am 500psi

75.7 BBS AT 10 BBS 11:06am 300psi

Bump Plug 11:08am 670psi

L.F.I w/ 187 sks cement 3 gal 1st Kcl 600 Dye

used 40% Excess

362 sks cement

81.8 BBS slurry

51 sk Top off 11.5 BBS slurry

413 sks total 93.3 BBS slurry total

60% Excess total

BBS Back 2

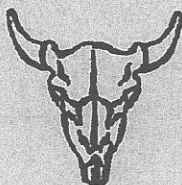
[Signature]
AUTHORIZATION TO PROCEED

[Signature]

TITLE

7-26-12
DATE

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Cementing Customer Satisfaction Survey

Service Date 7-26-12
Invoice Amount _____
Well Name Flanigan
Well Location 52-415
County Weld
SEC/TWP/RNG 6-1N-64W
State CO
Supervisor Name Kirk DeHoff

Invoice Number 11220
Well Permit Number _____
Well Type Cas
Well Number 2B-611
Lease _____
Job Type Surface Pipe
Company Name Flanigan
Customer Representative Dennis
Customer Phone Number _____

Employee Name

Exposure Hours (Per Employee)

Mike R
Mike P
Scott

5
5
5

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: Good job. No complaints.

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 -

Dennis 7/1/12
Customer Representative's Signature

7-26-12
Date

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



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B.O.C. Tailgate Safety Meeting Report

INVOICE 11226

Date 7-26-12 Time 9:07 ☒ AM ☐ PM Meeting Facilitator Kirk VanHoff

Facility Name and Location Flanigan 2B-6H Work to be Undertaken Surface Pipe

Nearest Emergency Medical Service Number (Other than 911) Briardale

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 checked="" type="checkbox"/> Positions of People
<input type="checkbox"/> Falling from Heights
<input checked="" type="checkbox"/> Slips/Trips/Falls
<input type="checkbox"/> Extreme Heat/Cold
<input type="checkbox"/> Electrical Current
<input type="checkbox"/> Overexertion/Heavy Lifting
<input type="checkbox"/> Spills/Releases
<input type="checkbox"/> Flying Particles
<input type="checkbox"/> Overhead Power Lines | <input checked="" type="checkbox"/> Job Safety Analysis Reviewed (if applicable)
<input type="checkbox"/> NORM or Other Radiation
<input type="checkbox"/> Overhead work/suspended Loads/Chains/Slings
<input type="checkbox"/> Trapped Pressure
<input type="checkbox"/> Flammable/Combustible/Explosives
<input type="checkbox"/> Pinch Points/Moving/Rotating Equipment
<input type="checkbox"/> Waste Handling/Disposal
<input type="checkbox"/> Excavation Collapse
<input type="checkbox"/> _____ | <input type="checkbox"/> Hazardous Substance
<input type="checkbox"/> Hazardous Atmosphere
<input checked="" type="checkbox"/> Walking/Working Surfaces
<input type="checkbox"/> Noise Levels
<input type="checkbox"/> Sharp Edges
<input type="checkbox"/> Insects/Snakes/etc.
<input type="checkbox"/> MSDS's Reviewed
<input checked="" type="checkbox"/> Walk Around Site Assessment
<input type="checkbox"/> _____ |
|---|---|---|

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

- | | | | |
|--|---|--|---|
| Eyes/Face
<input type="checkbox"/> Tinted Lenses
<input type="checkbox"/> Goggles
<input type="checkbox"/> Faceshield
<input type="checkbox"/> Hearing Protection
<input type="checkbox"/> _____ | Hands
<input type="checkbox"/> Chemical Resistant Gloves
<input type="checkbox"/> Heat Resistant Gloves
<input type="checkbox"/> Cotton or Leather Gloves
<input type="checkbox"/> Dielectric Gloves
<input type="checkbox"/> _____ | Feet
<input type="checkbox"/> Rubber Boots
<input type="checkbox"/> Over Boots
<input type="checkbox"/> Dielectric Boots
<input type="checkbox"/> _____ | Other
<input type="checkbox"/> Air Purifying Respirator
<input type="checkbox"/> Supplied Air Respirator
<input type="checkbox"/> Personal H2S Monitor (if in sour area)
<input type="checkbox"/> Chemical Resistant Clothing
<input type="checkbox"/> Personal Fall Arrest Systems
<input type="checkbox"/> _____ |
|--|---|--|---|

EMERGENCY PREPARATIONS

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

Additional Topics Covered:

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

Other Considerations and Field Notes: