

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

No 11317

WELL NO. AND FARM Flanagan ID-6H	COUNTY Weld	STATE CO	DATE 9-6-12
CHARGE TO Encana	WELL LOCATION SEC. 6 TWP. 1N RANGE 64W	CONTRACTOR Ensign 124	
Flanagan ID-6H 12164644 8715.618 Leonard Clark RCJJ. #12,143	DELIVERED TO 52-51	LOCATION 1 Slap	CODE
	SHIPPED VIA 3103-3703	LOCATION 2 52-51	CODE
	TYPE AND PURPOSE OF JOB Surface Pipe	LOCATION 3 Slap	CODE
		WELL TYPE 645	CODE

PRICE REFERENCE	DESCRIPTION	UNITS		UNIT PRICE	AMOUNT
		QTY.	MEAS.		
	Pump charge	1	Perch	1400.00	1400.00
	OF WTE 3/4" Bore 1.2516 per sk BFLA-1	1/28	Sk	22.25	9523.00
	mileage Truck 91 miles (60 miles in Round trip)		Perch	240.00	480.00
	mileage Pickup 150 per mile (100 miles in Round trip)		Perch	90.00	90.00
	BFLA-1	3	Qs	25.00	75.00
	Dye	10	oz	15.00	150.00
	Data Acc	1	Perch	725.00	725.00
	Sugar	100	lbs	2.00	200.00
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 1/4% 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

Leonard Clark

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 # 11317

LOCATION 52-51

FOREMAN Kirk Kallhoff
Paso, mario

TREATMENT REPORT

DATE	WELL NAME	SECTION	TWP	RGE	COUNTY	FORMATION
9-6-12	Flanigan ID-6M	6	1N	64W	Weld	
CHARGE TO Eucana			OWNER			
MAILING ADDRESS			OPERATOR Eucana			
CITY			CONTRACTOR Eucana 124			
STATE ZIP CODE			DISTANCE TO LOCATION			
TIME ARRIVED ON LOCATION 9:30am			TIME LEFT LOCATION 1:30am			

WELL DATA

HOLE SIZE	TUBING SIZE	PERFORATIONS	THEORETICAL	INSTRUCTED
12 1/4				
TOTAL DEPTH 1334	TUBING DEPTH	SHOTS/FT	SURFACE PIPE ANNULUS LONG	
PST 1273	TUBING WEIGHT	OPEN HOLE	STRING	
CASING SIZE 9 5/8	TUBING CONDITION		TUBING	
CASING DEPTH 1318		TREATMENT VIA	TYPE OF TREATMENT	
CASING WEIGHT 4015	PACKER DEPTH		TREATMENT RATE	
CASING CONDITION good				

PRESSURE SUMMARY

BREAKDOWN or CIRCULATING	psi	AVERAGE	psi		
FINAL DISPLACEMENT	psi	ISIP	psi	[] SURFACE PIPE	BREAKDOWN BPM
ANNULUS	psi	5 MIN SIP	psi	[] PRODUCTION CASING	INITIAL BPM
MAXIMUM	psi	15 MIN SIP	psi	[] SQUEEZE CEMENT	FINAL BPM
MINIMUM	psi			[] ACID BREAKDOWN	MINIMUM BPM
				[] ACID STIMULATION	MAXIMUM BPM
				[] ACID SPOTTING	AVERAGE BPM
				[] MISC PUMP	
				[] OTHER	HYD HHP = RATE X PRESSURE X 40.8

INSTRUCTIONS PRIOR TO JOB

Run safety meeting, Psited, Perforation run 30% KCL 1120 2nd 10ml Dye, mix Pump
428 sks cement at 30% Excess at 127 yield at 15.2 lbs Release Plug, Drop 96.4 BBIs 1120 Bump Plug
At 150 psi over 6.11 psi, wait 5 min Release Pl, wash up, Pts Down

JOB SUMMARY

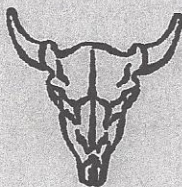
DESCRIPTION OF JOB EVENTS Safety meeting 11:02am run 11:37am cement 11:43am Stop run 12:07am
Drop Plug 12:10am Displace 12:10am
16 BBIs At 6 BBIs/lm 12:12pm 350psi 96.4 BBIs At 12:24pm 550psi
26 BBIs At 6 BBIs/lm 12:13pm 350psi Bump Plug 12:29pm 750psi
36 BBIs At 6 BBIs/lm 12:15pm 350psi
46 BBIs At 6 BBIs/lm 12:16pm 500psi used 30% Excess
56 BBIs At 6 BBIs/lm 12:18pm 600psi used 428 sks cement
66 BBIs At 6 BBIs/lm 12:19pm 700psi 96.4 BBIs slurry
76 BBIs At 6 BBIs/lm 12:21pm 800psi
86 BBIs At 6 BBIs/lm 12:22pm 800psi
96 BBIs At 3.5 BBIs/lm 12:24pm 600psi
Lift 372 sks cement 3 min 1st KCL 600 Dye B31c Bar 13

AUTHORIZATION TO PROCEED

Leonard Clark CO-MAN TITLE

9-6-2012 DATE

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Cementing Customer Satisfaction Survey

Service Date	9-6-12	Invoice Number	11317
Invoice Amount		Well Permit Number	
Well Name	Flanigan	Well Type	Gas
Well Location	52-51	Well Number	10-6H
County	Weld	Lease	
SEC/TWP/RNG	6-1N-6W	Job Type	Surface Pipe
State	CO	Company Name	Enron
Supervisor Name	Kirk Kallie FS	Customer Representative	Clark
Employee Name		Customer Phone Number	
		Exposure Hours (Per Employee)	

PAGE
MARIO

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

4	Personnel -	Did our personnel perform to your satisfaction ?
4	Equipment -	Did our equipment perform to your satisfaction ?
4	Job Design -	Did we perform the job to the agreed upon design ?
4	Product / Material -	Did our products and materials perform as you expected ?
5	Health & Safety -	Did we perform in a safe and careful manner (Pre / post mtgs, PPE, TSMR, etc..) ?
5	Environmental -	Did we perform in an environmentally sound manner (Spills, leaks, cleanup, etc..) ?
5	Timeliness -	Was job performed as scheduled (On time to site, accessible to customer, completed when expected)?
4	Condition / Appearance -	Did the equipment condition and appearance meet your expectation?
4	Communication -	How well did our personnel communicate during mobilization, rig up, and job execution?
4	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 -

Leonard Clark
Customer Representative's Signature

9-6-12
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 11317

Date 9-6-12 Time 11:02 ☒ AM ☐ PM Meeting Facilitator Kirk Layloff
Facility Name and Location Flamingo 1D-6H Work to be Undertaken Surf Face Pipe
Nearest Emergency Medical Service Number (Other than 911) Brighton

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 checked="" type="checkbox"/> Overhead work/suspended Loads/Chains/Slings <input type="checkbox"/> Trapped Pressure <input type="checkbox"/> Flammable/Combustible/Explosives <input checked="" type="checkbox"/> Pinch Points/Moving/Rotating Equipment <input type="checkbox"/> Waste Handling/Disposal <input checked="" 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"/> _____
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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"/> _____
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EMERGENCY PREPARATIONS

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

Additional Topics Covered:

Attendees (Signature)/Company	Attendees (Signature)/Company
<u>[Signature]</u> <u>Bison</u>	<u>[Signature]</u> <u>Flamingo</u>
<u>[Signature]</u> <u>Bison</u>	<u>[Signature]</u> <u>Flamingo</u>
<u>[Signature]</u> <u>Bison</u>	<u>[Signature]</u> <u>Flamingo</u>
<u>[Signature]</u> <u>Bison</u>	<u>[Signature]</u> <u>Flamingo</u>

Other Considerations and Field Notes:

MARSH KENTFIELD

VINCENT

Robert Brown

[Signature]
[Signature]