

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

№ 11231

| | | | |
|--|--|----------------------------|-------------------------------------|
| WELL NO. AND FARM <i>Echeverria 2A-2H</i> | COUNTY <i>Weld</i> | STATE <i>CO</i> | DATE <i>8-15-12</i> |
| CHARGE TO <i>Echeverria</i> | WELL LOCATION SEC. <i>7</i> TWP. <i>2N</i> RANGE <i>67W</i> | | CONTRACTOR <i>Echeverria 135</i> |
| DELIVERED TO <i>71-26</i> | | LOCATION <i>1 Shop</i> | CODE |
| SHIPPED VIA <i>3163-3263</i> | | LOCATION <i>2 21-26</i> | CODE |
| TYPE AND PURPOSE OF JOB <i>Surface Pipe</i> | | LOCATION <i>3 Shop</i> | CODE |
| | | WELL TYPE <i>645</i> | CODE |

| PRICE REFERENCE | DESCRIPTION | UNITS | | UNIT PRICE | AMOUNT | |
|-----------------|---|---------------|--------------|--------------------|--------|----|
| | | QTY. | MEAS. | | | |
| | Pump charge | 1 | each | 1400 ⁰⁰ | 1400 | 00 |
| | BF WITH 3% BFL A-1 125 lbs per SK BFL A-1 | 378 | SK | 22 ⁰⁰ | 8316 | 00 |
| | mileage Truck 1/2 per mile round trip | 7 | mi | 240 ⁰⁰ | 480 | 00 |
| | mileage Pickup 1/4 per mile round trip | 1 | mi | 90 ⁰⁰ | 90 | 00 |
| | B/Ly-1 | 3 | QTS | 25 ⁰⁰ | 75 | 00 |
| | Dye | 10 | oz | 15 ⁰⁰ | 150 | 00 |
| | Dale Acc | 1 | each | 225 ⁰⁰ | 225 | 00 |
| | Sugar | 50 | lbs | 2 ⁰⁰ | 100 | 00 |
| | <i>Echeverria 2H</i> | | | | | |
| | <i>1115 3624</i> | | | | | |
| | <i>15-618</i> | | | | | |
| | <i>Weight</i> | <i>Loaded</i> | <i>Miles</i> | <i>Ton</i> | | |
| | | | | <i>Miles</i> | | |

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

SUB TOTAL

TAX

TOTAL

"TAXES WILL BE ADDED AT CORPORATE OFFICE"

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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LOCATION 21-26

FOREMAN R. K. Kallila FF

M. V. R. Beste-

| DATE | WELL NAME | SECTION | TWP | RGE | COUNTY | FORMATION |
|---------|------------------|---------|-----|-----|--------|-----------|
| 8-15-12 | Echeverria 2A-2H | 2 | 2N | 67W | Weld | |

| | |
|---|----------------------------------|
| CHARGE TO <i>Eurama</i> | OWNER |
| MAILING ADDRESS | OPERATOR <i>Eurama</i> |
| CITY | CONTRACTOR <i>Eusign 135</i> |
| STATE ZIP CODE | DISTANCE TO LOCATION |
| TIME ARRIVED ON LOCATION <i>11:30pm</i> | TIME LEFT LOCATION <i>8:45pm</i> |

| WELL DATA | | | PRESSURE LIMITATIONS | | |
|-------------|------------------|--------------|---------------------------|-------------|------------|
| HOLE SIZE | TUBING SIZE | PERFORATIONS | | THEORETICAL | INSTRUCTED |
| TOTAL DEPTH | TUBING DEPTH | SHOTS/FT | SURFACE PIPE ANNULUS LONG | | |
| | TUBING WEIGHT | OPEN HOLE | STRING | | |
| CASING SIZE | TUBING CONDITION | | TUBING | | |

| | | | | | |
|------------------|-------|--------------|-------------------|--|----------------|
| CASING SIZE | | | TYPE OF TREATMENT | | TREATMENT RATE |
| CASING DEPTH | 955 | | TREATMENT VIA | <input checked="" type="checkbox"/> SURFACE PIPE | BREAKDOWN BPM |
| CASING WEIGHT | 40.16 | PACKER DEPTH | | <input type="checkbox"/> PRODUCTION CASING | INITIAL BPM |
| CASING CONDITION | good | | | | |

| PRESSURE SUMMARY | | [] SQUEEZE CEMENT | FINAL BPM |
|------------------------------|----------------|----------------------|---|
| BREAKDOWN or CIRCULATING psi | AVERAGE psi | [] ACID BREAKDOWN | MINIMUM BPM |
| FINAL DISPLACEMENT psi | ISIP psi | [] ACID STIMULATION | MAXIMUM BPM |
| ANNULUS psi | 5 MIN SIP psi | [] ACID SPOTTING | AVERAGE BPM |
| MAXIMUM psi | 15 MIN SIP psi | [] MISC PUMP | |
| MINIMUM psi | | [] OTHER | $\text{HYD HHP} = \text{RATE} \times \text{PRESSURE} \times 40.8$ |

INSTRUCTIONS PRIOR TO JOB Rig up, set layover, 30 Bbls Vol H₂O 2nd H₂O/Dye
Niro Pump 378 sds cement at 30% excess at 1.27 yield at 15.7 lbs ~~per barrel~~
Release Plug Disp 688 Bbls H₂O Pump Plug At 150 psi over L.Ft Psi wait 5 min Release Psi
Water up Rig Down Mated
Rig up 750 sds cement 11 gal Vol H₂O/Dye Bbls strong

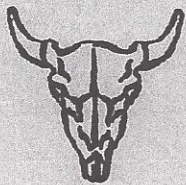
DESCRIPTION OF JOB EVENTS *Self, mac, 6:15pm (1st) 6:49pm cement 6:54pm cement 7:13pm*

| Drop Plug | Drop | Drop | Drop | Drop | Drop |
|--------------------------|--------|--------|------|---------------------|------|
| 100 Bbls At 6.3 Bbls/min | 7:20pm | 270psi | | | |
| 200 Bbls At 6.3 Bbls/min | 7:22pm | 300psi | | used 60% excess | |
| 300 Bbls At 6.3 Bbls/min | 7:23pm | 450psi | | used 378 sks cement | |
| 400 Bbls At 6.3 Bbls/min | 7:25pm | 550psi | | 85.4 Bbls slurry | |
| 500 Bbls At 6.3 Bbls/min | 7:27pm | 700psi | | | |
| 600 Bbls At 3.5 Bbls/min | 7:30pm | 600psi | | | |
| 680 Bbls At 1 Bbl/min | 7:35pm | 650psi | | | |
| Break Plug | 7:35pm | 900psi | | | |

L Value / 377 ACS mount 3 cell 1st KIL 600 Dye BB's Back 15

| | | |
|------------------------------|----------------|----------------|
| <u>Remmer E. [Signature]</u> | <u>Co rep.</u> | <u>8-15-12</u> |
| AUTHORIZATION TO PROCEED | TITLE | DATE |

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Cementing Customer Satisfaction Survey

Service Date 8-15-12
Invoice Amount _____
Well Name Ed-A-Prada

Invoice Number 11231
Well Permit Number _____
Well Type Gas - 6 1/2" - 6 7/8"

Company Name _____

Yes / No - Was a job safety analysis completed?

Yes / No - Did an injury requiring medical treatment occur?

C. Tailgate Safety Meeting Report



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B.O.C.

Time 6:15 ☐ AM ☒ PM Meeting Facilitator Kirk Kaitheff Date 8-15-12

Work to be Undertaken Safety Plan

E-mail: bisonoil1@qwestoffice.net

Facility Name and Location Chesapeake

Nearest Emergency Medical Service Number (Other than 911) Brighton

MINIMUM STANDARDS REQUIREMENT VERIFICATION (must be verified for all members of a work party)