



BISON

Invoice

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

Date	Invoice #
12/6/2012	11631

Bill To
Accounts Payable EnCana Oil & Gas (USA) Inc. 370 17th Street, Suite 1700 Denver, CO. 80202

Location	Well Name & No.	Terms	Job Type		
Weld, CO	Ione 1D-2H	Net 30	Surface Pipe		
Item	Description	Qty	U/M	Rate	Amount
Pump surface	PUMP Charge-surface pipe	1		1,400.00	1,400.00
MILEAGE	Equipment Mileage charge	120		4.00	480.00
MILEAGE	Pick-Up Truck Mileage charge	60		1.50	90.00
Data Acquisition ...	Data Acquisition Charge	1		225.00	225.00
	Subtotal of Services				2,195.00
BFN III Winter ...	BFN III Blend	432	Sack	22.25	9,612.00T
KCL Mud Flush	(BHS 117)	3	qt	25.00	75.00T
Dye - 4880	Dye (Hot Pink 4880)	10	oz	15.00	150.00T
Sugar	Sugar	50	lb	2.00	100.00T
	Subtotal of Materials				9,937.00
					12,132.00

Please Remit Payment To:

Bison Oil Well Cementing, Inc.
 P.O. Box 29671
 Thornton, CO 80229

Subtotal	\$12,132.00
Sales Tax (2.9%)	\$288.17
Total	\$12,420.17
Balance Due	\$12,420.17

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 11631

WELL NO. AND FARM <i>Jone ID-2H</i>	COUNTY <i>weld</i>	STATE <i>CO</i>	DATE <i>12-6-12</i>
CHARGE TO <i>Encana</i>	WELL LOCATION SEC. <i>8</i> TWP. <i>2N</i> RANGE <i>66W</i>		CONTRACTOR <i>Ensign 135</i>
	DELIVERED TO <i>26-33</i>		LOCATION <i>1 stop</i> CODE
	SHIPPED VIA <i>3103-3203</i>		LOCATION <i>2 26-33</i> CODE
	TYPE AND PURPOSE OF JOB <i>Surface Pipe</i>		LOCATION <i>3 stop</i> CODE
			WELL TYPE <i>6ms</i> CODE

PRICE REFERENCE	DESCRIPTION	UNITS		UNIT PRICE	AMOUNT
		QTY.	MEAS.		
	<i>Pump charge</i>	<i>1</i>	<i>each</i>	<i>1400⁰⁰</i>	<i>1400⁰⁰</i>
	<i>BFWIII 3% BCCA-1, 2.5BS per sk BFL-1</i>	<i>432</i>	<i>SKS</i>	<i>22²⁵</i>	<i>9612⁰⁰</i>
	<i>1/2 mile 4^{se} per mile 6 mile min Round trip Trucks</i>	<i>2</i>	<i>each</i>	<i>240⁰⁰</i>	<i>480⁰⁰</i>
	<i>1/2 mile 1^{se} per mile 6 mile min Round trip Pickup</i>	<i>1</i>	<i>each</i>	<i>90⁰⁰</i>	<i>90⁰⁰</i>
	<i>BCLK-1</i>	<i>3</i>	<i>CKS</i>	<i>25⁰⁰</i>	<i>75⁰⁰</i>
	<i>Dye</i>	<i>10</i>	<i>oz</i>	<i>15⁰⁰</i>	<i>150⁰⁰</i>
	<i>Dye Arc</i>	<i>1</i>	<i>each</i>	<i>225⁰⁰</i>	<i>225⁰⁰</i>
	<i>Sugar</i>	<i>50</i>	<i>lbs</i>	<i>2⁰⁰</i>	<i>100⁰⁰</i>
		Total Weight	Loaded Miles	Ton Miles	

Encana Oil & Gas (USA) Inc.
DJ Basin
Well: <i>Jone ID-2H</i>
APE: <i>12169893</i>
Major/Minor CC: <i>5715 618</i>
Signature: <i>[Signature]</i>
Approver: <i>RC JS</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 1/4% which is equal to an ANNUAL PERCENTAGE RATE OF 18%.

TAX REFERENCES

SUB TOTAL

12132⁰⁰

TAX

"TAXES WILL BE ADDED AT CORPORATE OFFICE"

TOTAL

SUBJECT TO CORRECTION

[Signature]
 Customer or His Agent

[Signature]
 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 # 11631

LOCATION 26-33

FOREMAN Kirk Kellhoff
Pablo, Mario, Dario

TREATMENT REPORT

DATE	WELL NAME	SECTION	TWP	RGE	COUNTY	FORMATION
12-6-12	Jane ID-2H	8	2N	66W	weld	

CHARGE TO <u>Encana</u>	OWNER
MAILING ADDRESS	OPERATOR <u>Encana</u>
CITY	CONTRACTOR <u>Ensign 135</u>
STATE ZIP CODE	DISTANCE TO LOCATION
TIME ARRIVED ON LOCATION <u>11:30pm</u>	TIME LEFT LOCATION <u>3:30am</u>

WELL DATA			PRESSURE LIMITATIONS		
HOLE SIZE	TUBING SIZE	PERFORATIONS		THEORETICAL	INSTRUCTED
12 1/4					
TOTAL DEPTH 1657	TUBING DEPTH	SHOTS/FT	SURFACE PIPE ANNULUS LONG		
PBD 1013	TUBING WEIGHT	OPEN HOLE	STRING		
CASING SIZE 9 5/8	TUBING CONDITION		TUBING		

		TYPE OF TREATMENT		TREATMENT RATE	
CASING DEPTH 1057	TREATMENT VIA	<input checked="" type="checkbox"/> SURFACE PIPE		BREAKDOWN BPM	
CASING WEIGHT 40 lb	PACKER DEPTH	<input type="checkbox"/> PRODUCTION CASING		INITIAL BPM	
CASING CONDITION <u>good</u>		<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, Psitest, Peroman circ 30 BBS KCL H2O 3rd 10w/Dye, mix & Pump 432 sks cement at 127 yeild at 15.2 lbs, 60% excess, Release Plug Disp 76.7 BBS H2O, Pump Plug At 150psi over list Psi, wait 5min Release Psi, wash up Rig Down

Arrived w/ 750 sks cement 4 1/2 gal 16oz Dye H2O test OK
97.7 BBS slurry

JOB SUMMARY
 DESCRIPTION OF JOB EVENTS safety meeting 1:15am circ 1:38am cement 1:44am stop cement 2:10am
Drop Plug 2:10am Diaphne 2:10am
10 BBS At 6 BBS/m 2:12am 200psi used 60% excess
20 BBS At 6 BBS/m 2:14am 250psi used 432 sks cement
30 BBS At 6 BBS/m 2:16am 400psi 97.7 BBS slurry
40 BBS At 6 BBS/m 2:17am 560psi
50 BBS At 6 BBS/m 2:19am 560psi
60 BBS At 6 BBS/m 2:21am 610psi
70 BBS At 3.5 BBS/m 2:23am 600psi
76.7 BBS At 1 BBS/m 2:26am 470psi
Pump Plug 2:26am 810psi
Left w/ 318 sks cement 3 gal 1 gal Red 6oz Dye 13 BBS per 24

[Signature]

AUTHORIZATION TO PROCEED

TITLE

12-6-12

DATE

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Bison Oil Well Cementing, Inc
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 www.Bisonoilwell.com

Cementing Customer Satisfaction Survey

Service Date	<u>12-6-12</u>	Invoice Number	<u>11631</u>
Invoice Amount		Well Permit Number	
Well Name	<u>Done</u>	Well Type	<u>Gas</u>
Well Location	<u>26-33</u>	Well Number	<u>1D-2H</u>
County	<u>Weld</u>	Lease	
SEC/TWP/RNG	<u>8-2N 66W</u>	Job Type	<u>Surface Pipe</u>
State	<u>CO</u>	Company Name	<u>Exuma</u>
Supervisor Name	<u>Kirk Kallhoff</u>	Customer Representative	<u>Cody</u>
Employee Name		Customer Phone Number	
		Exposure Hours (Per Employee)	
<u>Pablo</u>		<u>4</u>	
<u>marco</u>		<u>4</u>	
<u>Dario</u>		<u>4</u>	
Total Exposure Hours		Did we encounter any problems on this job? Yes / <u>No</u>	

To Be Completed By Customer

Rating/Description	Opportunity
5 - Superior Performance (Established new quality / performance standards)	Best Practices
4 - Exceeded Expectations (Provided more than what was required / expected)	Potential Best Practice
3 - Met Expectations (Did what was expected)	Prevention/Improvement
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	
RATING / CATEGORY	CUSTOMER SATISFACTION RATING
___ Personnel -	Did our personnel perform to your satisfaction ?
___ Equipment -	Did our equipment perform to your satisfaction ?
___ Job Design -	Did we perform the job to the agreed upon design ?
___ Product / Material -	Did our products and materials perform as you expected ?
___ Health & Safety -	Did we perform in a safe and careful manner (Pre / post mtgs, PPE, TSMR, etc..) ?
___ Environmental -	Did we perform in an environmentally sound manner (Spills, leaks, cleanup, etc..) ?
___ Timeliness -	Was job performed as scheduled (On time to site, accessible to customer, completed when expected)?
___ Condition / Appearance -	Did the equipment condition and appearance meet your expectation?
___ Communication -	How well did our personnel communicate during mobilization, rig up, and job execution?
___ Improvement -	What can we do to improve our service?
Please Circle:	Please Circle:
Yes / <u>No</u> - Did an accident or injury occur?	<u>Yes</u> / No - Was a pre-job safety meeting held?
Yes / <u>No</u> - Did an injury requiring medical treatment occur?	<u>Yes</u> / No - Was a job safety analysis completed?
Yes / <u>No</u> - Did a first-aid injury occur?	<u>Yes</u> / No - Were emergency services discussed?
Yes / <u>No</u> - Did a vehicle accident occur?	Yes / <u>No</u> - Did environmental incident occur?
<u>Yes</u> / <u>No</u> - Was a post-job safety meeting held?	Yes / <u>No</u> - Did any near misses occur?
Additional Comments:	

THE INFORMATION HEREIN IS CORRECT -

[Signature] _____ Date 12-6-12

Customer Representative's Signature

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 11631

Date 12-6-12 Time 1:15 AM PM Meeting Facilitator Kirk Kallha JS
 Facility Name and Location Gene ID-2H Work to be Undertaken Surface Pipe

Nearest Emergency Medical Service Number (Other than 911) Greeley

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

- ADDITIONAL PPE REQUIREMENT (based on the job specific hazards, check all that apply)
- | | | | |
|---|--|---|---|
| Eyes/Face | Hands | Feet | Other |
| <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"/> _____ |

- EMERGENCY PREPARATIONS
- Muster Areas Communication Methods Means of Egress Emergency Equipment

Additional Topics Covered:

Attendees (Signature)/Company	Attendees (Signature)/Company
<u>[Signature]</u> Ensign	<u>[Signature]</u> NECHA
<u>[Signature]</u> Ensign	<u>[Signature]</u> BISON
<u>Thomas J French</u> Ensign	<u>[Signature]</u> BISON
<u>[Signature]</u> Ensign	<u>[Signature]</u> Ensign

Other Considerations and Field Notes: