

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

№ 11759

WELL NO. AND FARM <i>P. State Peterson 2B-20H ✓</i>		COUNTY <i>Weld</i>	STATE <i>Co.</i>	DATE <i>3-7-13</i>
CHARGE TO <i>Encana</i>		WELL LOCATION SEC. <i>20</i> TWP. <i>5N</i> RANGE <i>63W</i>		CONTRACTOR
		DELIVERED TO <i>70 Ranch</i>		LOCATION <i>1 Shop</i>
		SHIPPED VIA <i>3106 3205 109</i>		LOCATION <i>2 70 Ranch</i>
		TYPE AND PURPOSE OF JOB <i>Surface</i>		LOCATION <i>3 Shop</i>
				WELL TYPE <i>Gas/Oil</i>

PRICE REFERENCE	DESCRIPTION	UNITS		UNIT PRICE	AMOUNT
		QTY.	MEAS.		
	<i>Pump Charge</i>	<i>1</i>	<i>EA</i>	<i>1400.00</i>	<i>1400.00</i>
	<i>BFW III 3% BCCA-1 1.25 lb/sk BFLA-1</i>	<i>419</i>	<i>SKS</i>	<i>22.45</i>	<i>9406.55</i>
	<i>BCLY-1</i>	<i>3</i>	<i>QT</i>	<i>25.00</i>	<i>75.00</i>
	<i>Blue Dye</i>	<i>16</i>	<i>OZ</i>	<i>15.00</i>	<i>240.00</i>
	<i>Truck Mileage \$4.00/mile 60 miles min Roundtrip</i>	<i>2</i>	<i>ea</i>	<i>240.00</i>	<i>480.00</i>
	<i>Pickup mileage \$1.50/mile 60 miles min Roundtrip</i>	<i>1</i>	<i>ea</i>	<i>90.00</i>	<i>90.00</i>
	<i>Data Int</i>	<i>1</i>	<i>ea</i>	<i>225.00</i>	<i>225.00</i>
	<i>Sugar</i>	<i>100lb</i>		<i>2.00</i>	<i>200.00</i>

Bison Oil & Gas (USA) Inc.	
D/Rev:	
WELL:	<i>STATE Peterson 2B-20H</i>
APR:	<i>13171685</i>
Major/Minor CE:	<i>8715-61B</i>
Signature:	<i>Dennis Jansky</i>
Approver:	<i>R.C. H.S.</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

"TAXES WILL BE ADDED AT CORPORATE OFFICE"

SUB TOTAL

TAX

TOTAL

12116.55
~~*11920*~~

SUBJECT TO CORRECTION

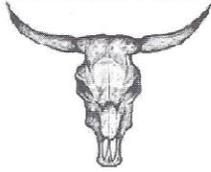
Dennis Jansky
Customer or His Agent

Braed Kasim
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.

1547 Gaylord Street
 Denver, Colorado 80206
 Phone: 303-296-3010
 Fax: 303-298-8143
 E-mail: bisonoil1@qwestoffice.net



INVOICE #
 LOCATION
 FOREMAN

11759
 70 Ranch
 Brad Kosinski

TREATMENT REPORT

DATE	WELL NAME	SECTION	TWP	RGE	COUNTY
3-7-13	State Peterson 2B-20H	20	5N	63w	Weld
BILL TO		CONSULTANT			
Encana		Dennis / Cody			
OWNER		RIG NAME & NUMBER			
Encana		Ensign 135			
MAILING ADDRESS		DISTANCE TO LOCATION		UNITS ON LOCTION	
		23 miles		3106 3205 109	
CITY		TIME REQUESTED		TIME ARRIVED ON LOCATION	
		7:00pm		5:20pm	
STATE, ZIP		TIME LEFT LOCATION			

WELL DATA

Cement Makeup

HOLE SIZE	TUBING SIZE	PERFORATIONS	Cement Blend	BFN III 3% BCCA-1.251b/sk BFLA-1		
12 1/4			Cement - Specs	lbs	Yield	Water Requirements
TOTAL DEPTH	TUBING DEPTH	SHOTS/FT		15.2	1.27	
964			Annulus Factor	Capacity Factor		
CASING SIZE	TUBING WEIGHT	OPEN HOLE	.3131	.0758		
9 5/8			TYPE OF TREATMENT <input checked="" type="checkbox"/> Surface Pipe <input type="checkbox"/> Production <input type="checkbox"/> Squeeze <input type="checkbox"/> MISC Pump <input type="checkbox"/> P&A			
CASING DEPTH	TUBING CONDITION	TREATMENT VIA	HYD HHP = RATE X PRESSURE / 40.8 % Excess <input type="text" value="60%"/> BBL to Pit <input type="text" value="34"/>			
968.74						
CASING WEIGHT	PACKER DEPTH					
752 401b						
CASING CONDITION	<input type="text" value="Good"/>					
Max Rate	<input type="text" value="6.0"/>					
Max Pressure	<input type="text" value="2500"/>					

DESCRIPTION OF JOB EVENTS

MTRU, Safety Meeting, Ps. check to 500psi. Circ 30bbls of H₂O with KCL + Blue Dyex 16 in 2nd 10bbls, Mix + pump 60% Excess 419 sks, 94.7bbls of slurry at 15.2lbs 1.27 yield Drop plug Displace 70.1 bbls of H₂O Bump Plug at 500psi over Lift Ps. wait 5min then bleed off psi wash up Rig down

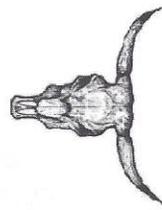
X Dennis J. Jandy
 Authorization To Proceed

Well site Suprv.
 Title

X 3-7-13
 Date

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INVOICE #
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11759
 70 Ranch
 Brock Kosiski

Treatment Report Page 2

DESCRIPTION OF JOB EVENTS

Safety Meeting	Displace 1	Displace 2			Displace 3			Displace 4			Displace 5		
		BBLs	Time	PSI	BBLs	Time	PSI	BBLs	Time	PSI	BBLs	Time	PSI
MIRU	8:27am												
CIRCULATE	7:38pm												
Drop Plug	8:34pm	0	9:28pm	230	0		0		0		0		
	9:18pm	10	9:30pm	440	10		10		10		10		
		20	9:32pm	540	20		20		20		20		
		30	9:34pm	550	30		30		30		30		
		40	9:36pm	700	40		40		40		40		
		50	9:38pm	730	50		50		50		50		
M & P		60	9:40pm	740	60		60		60		60		
		70	9:42pm	8150	70		70		70		70		
		80	Bump	990	80		80		80		80		
		90			90		90		90		90		
		100			100		100		100		100		
		110			110		110		110		110		
		120			120		120		120		120		
		130			130		130		130		130		
		140			140		140		140		140		
		150			150		150		150		150		

Notes:

Safety meeting 8:27pm Circ 8:34pm M&P 8:40pm to 9:25pm Drop Plug 9:28pm Dis 9:30pm

Float collar held

Used 60% Excess = 919 SKS 94.7 bbls of slurry

34 bbls of slurry to the Pit.

X Dennis Jacob Work Performed Title

X Well site Suprv Title

X 3-7-13 Date



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Cementing Customer Satisfaction Survey

Service Date 3-7-13
 Invoice Amount \$12,116.55
 Well Name State Peterson 2B-20H
 Well Location 70 Ranch
 County Weid
 SEC/TWP/RNG 20-SN-63W
 State Colorado
 Supervisor Name Brad Kosinski

Invoice Number 11759
 Well Permit Number State Peterson 2B-20H
 Well Type Gas / Oil
 Well Number _____
 Lease _____
 Job Type Surface
 Company Name Encana
 Customer Representative _____
 Customer Phone Number _____

Employee Name

Exposure Hours (Per Employee)

Brad
Calvin
Monte
Mark

5
5
5
5

Total Exposure Hours 20 hrs

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 -
4 Equipment -
4 Job Design -
4 Product / Material -
4 Health & Safety -
4 Environmental -
4 Timeliness -
4 Condition / Appearance -
4 Communication -
4 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?

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?

Additional Comments:

THE INFORMATION HEREIN IS CORRECT -

Dennis Jandy
 Customer Representative's Signature

3-7-13
 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 11759

Date 3-7-13 Time _____ AM PM Meeting Facilitator Brad Kosinski
 Facility Name and Location 70 Ranch Insing Rig 135 Work to be Undertaken Surface
 Nearest Emergency Medical Service Number (Other than 911) Greely

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"/> 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 checked="" type="checkbox"/> Sharp Edges |
| <input type="checkbox"/> Overexertion/Heavy Lifting | <input checked="" 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 type="checkbox"/> Excavation Collapse | <input checked="" type="checkbox"/> Walk Around Site Assessment |
| <input type="checkbox"/> Overhead Power Lines | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

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

- | | | | |
|---|---|--|---|
| Eyes/Face | Hands | Feet | Other |
| <input checked="" type="checkbox"/> Tinted Lenses | <input checked="" type="checkbox"/> Chemical Resistant Gloves | <input checked="" type="checkbox"/> Rubber Boots | <input type="checkbox"/> Air Purifying Respirator |
| <input checked="" type="checkbox"/> Goggles | <input checked="" type="checkbox"/> Heat Resistant Gloves | <input type="checkbox"/> Over Boots | <input type="checkbox"/> Supplied Air Respirator |
| <input type="checkbox"/> Faceshield | <input checked="" 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 checked="" 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>Brad</u>	<u>[Signature]</u> ENSING 135
<u>Calvin</u>	<u>[Signature]</u> ENSING 135
<u>Monte</u>	
<u>Mark</u>	
<u>[Signature]</u>	

Other Considerations and Field Notes:

Merle Shinn

[Signature]
[Signature]
[Signature]

State Peterson 2B-20H

M/D TOTCO 2000 SERIES

