

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 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.		
	Pump Charge	1	EA	1400. ⁰⁰	1400. ⁰⁰
	BFA/III 3% BCCA-1 1.25 lb/sk BFLA-1	419	SKS	22.45	9406. ⁵⁵
	BCLY-1	3	QT	25. ⁰⁰	75. ⁰⁰
	Blue Dye	16	OZ	15. ⁰⁰	240. ⁰⁰
	Truck Mileage ^{B/L} 4.00 mile 60 miles min Roundtrip	2	ea	240. ⁰⁰	480. ⁰⁰
	Pickup mileage \$1.50 mile 60 miles min Roundtrip	1	ea	90. ⁰⁰	90. ⁰⁰
	Data Int	1	ea	225. ⁰⁰	225. ⁰⁰
	Sugar	100 lb		2. ⁰⁰	200. ⁰⁰

Bison Oil & Gas (USA) Inc.	
D/B Name:	
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>RC: 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

SUBJECT TO CORRECTION

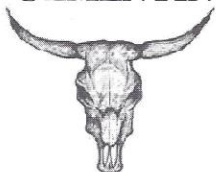
Dennis Jansky
Customer or His Agent

Brad 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
Brod 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 LOCATION		
	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	BFTN III 3% BCCA-1.251b/sk BFLA-1	
12 1/4			Cement - Specs	lbs	Yield
				15.2	1.27
TOTAL DEPTH	TUBING DEPTH	SHOTS/FT	Annulus Factor	Capacity Factor	
964			.3131	.0758	
CASING SIZE	TUBING WEIGHT	OPEN HOLE	TYPE OF TREATMENT		
9 5/8			<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		
968.74			% Excess <u>60%</u> BBL to Pit <u>34</u>		
CASING WEIGHT	PACKER DEPTH				
752.401b					
CASING CONDITION	Good				
Max Rate	6.0				
Max Pressure	2500				

DESCRIPTION OF JOB EVENTS

MTRU, Safety Meeting, Psi. 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 Psi wait 5min then bleed off psi wash up Rig down

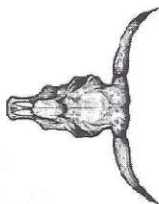
X Dennis J. Jandy
Authorization To Proceed

Well site Suprv.
Title

X 3-7-13
Date

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INVOICE #
LOCATION
FOREMAN

11759
70 Ranch
Brock Karsicki

Treatment Report Page 2

DESCRIPTION OF JOB EVENTS

Safety Meeting	8:27pm	Displace 1		Displace 2		Displace 3		Displace 4		Displace 5			
MIRU	7:38pm	BBLS	Time	PSI	BBLS	Time	PSI	BBLS	Time	PSI	BBLS	Time	PSI
CIRCULATE Drop Plug	8:34pm	0	9:28pm	220	0			0			0		
		10	9:30pm	440	10			10			10		
		20	9:34pm	540	20			20			20		
		30	9:34pm	550	30			30			30		
		40	9:36pm	700	40			40			40		
M & P		50	9:38pm	730	50			50			50		
		60	9:40pm	740	60			60			60		
		70	9:42pm	750	70			70			70		
		80	Bump	990	80			80			80		
		90			90			90			90		
		100			100			100			100		
		110			110			110			110		
		120			120			120			120		
		130			130			130			130		
		140			140			140			140		
		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

X Well site Supv
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 20-5N-63W
State Colorado
Supervisor Name Bred 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

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?

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 -

Dennis J. Jansky
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 Brook Kosinski
Facility Name and Location 70 Ranch Insurg 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"/> <u> </u> | <input type="checkbox"/> <u> </u> |

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"/> <u> </u> | <input type="checkbox"/> Chemical Resistant Clothing |
| <input type="checkbox"/> <u> </u> | <input type="checkbox"/> <u> </u> | | <input type="checkbox"/> Personal Fall Arrest Systems |
| | | | <input type="checkbox"/> <u> </u> |

EMERGENCY PREPARATIONS

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

Additional Topics Covered:

Attendees (Signature)/Company	Attendees (Signature)/Company
<u>Brook</u>	<u>Ensign 135</u>
<u>Calvin</u>	<u>Ensign 135</u>
<u>Monte</u>	
<u>Mark</u>	
<u>Devon</u>	
<u>Wesley</u>	
<u>Mike Shaw</u>	

Other Considerations and Field Notes:

Mike Shaw

State Peterson 2B-20H

M/D TOTCO 2000 SERIES

