

**1738 Wynkoop St., Ste. 102
Denver, Colorado 80202
Phone: 303-296-3010
Fax: 303-298-8143
E-mail: bisonoil1@qwestoffice.net**



№ 11203

WELL NO. AND FARM State Peterson 2c-2017		COUNTY Weld	STATE CO	DATE 3-6-13	
CHARGE TO Encina		WELL LOCATION SEC. 20 TWP. 5N RANGE 63W		CONTRACTOR Ensign Rig 135	
		DELIVERED TO 70 Ranch		LOCATION 1 Shop	CODE
		SHIPPED VIA 3106-4017		LOCATION 2 70 Ranch	CODE
		TYPE AND PURPOSE OF JOB Surface		LOCATION 3 Shop	CODE
				WELL TYPE Gas + Oil	CODE

PRICE REFERENCE	DESCRIPTION	UNITS		UNIT PRICE	AMOUNT
		QTY.	MEAS.		
	Pump Charge	1		1400. ⁰⁰	1400 ⁰⁰
	BFN III 3% BCCA-1.25 lbs/sks BFIA-	430	SKS	22.45	9653 ⁵⁰
	BCLY-1	3	Qt	25. ⁰⁰	75 ⁰⁰
	Blue Dye	16	OZ	15. ⁰⁰	240 ⁰⁰
	Truck Mileage 4. ⁰⁰ mile 60 miles min	2	EA	240. ⁰⁰	480 ⁰⁰
	Pickup Mileage 1. ⁵⁰ mile 60 miles Round trip	1	EA	90. ⁰⁰	90 ⁰⁰
	Dater Int	1	FA	225 . ⁰⁰	225 ⁰⁰
	Sugar	100 lbs		200. ⁰⁰	200 ⁰⁰
	waiting time	1	hr	250. ⁰⁰	250 ⁰⁰
	Total Weight		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 (APR) of 15%.

TAX REFERENCES

SUB TOTAL

TAX

TOTAL

SUBJECT TO CORRECTION

Monthly rate of 1 1/2 % which is equal to an
CENTAGE RATE OF (USA) Inc.

DJ Bain

Wk: State Prison JC - 204 "TAXE

AFE: 13171686

Major/Minor CC: 8715618

Signature: Dennis E. [Signature]

Approved: [Signature] Customer or His Agent

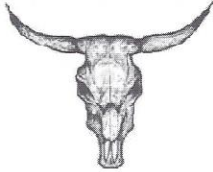
"TAXES WILL BE ADDED AT CORPORATE OFFICE"

Elson 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

11203
70 Ranch
Brad Kosinski

TREATMENT REPORT

DATE	WELL NAME	SECTION	TWP	RGE	COUNTY
3-6-13	State Peterson 2C-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		102/3106,4017		
CITY	TIME REQUESTED		TIME ARRIVED ON LOCATION		
	10:30 AM		9:20 AM		
STATE, ZIP	TIME LEFT LOCATION				
	3:00 PM				
WELL DATA			Cement Makeup		
HOLE SIZE	TUBING SIZE	PERFORATIONS	Cement Blend	BFN III 3% BCCA-1.2516/sk BFLA-1	
12 1/4			Cement - Specs	lbs	Yield
				15.2	1.27
TOTAL DEPTH	TUBING DEPTH	SHOTS/FT	Annulus Factor	Capacity Factor	
992			3131	.0758	
CASING SIZE	TUBING WEIGHT	OPEN HOLE			
9 5/8					
CASING DEPTH	TUBING CONDITION	TREATMENT VIA	TYPE OF TREATMENT		
997.04			<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 WEIGHT	PACKER DEPTH				
40 lbs					
CASING CONDITION	Good	HYD HHP = RATE X PRESSURE / 40.8			
Max Rate	60	% Excess			
Max Pressure	2500	BBL to Pit			
		60			
		25			

DESCRIPTION OF JOB EVENTS

MZ Ru. Slightly Meeting Circ 30 bbls H₂O with KCL + Blue Dye in 2nd 10 bbls
Mix + pump 60% Excess = 430 sks 97.6 bbls of Slurry at 15.2 lbs 1.27 yield
Drop plug, Dis 72.2 bbls H₂O Bump plug at 500 psi over Lift Psi wait 5 min
then bleed off psi washup rig down

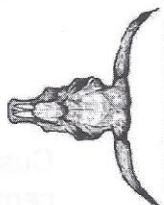
X Dennis Epling
Authorization To Proceed

Encana Rep
Title

X 3-6-13
Date

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INVOICE #
LOCATION
FOREMAN

Treatment Report Page 2

11203
70 Ranch
Bruce Karsinski

DESCRIPTION OF JOB EVENTS

Safety Meeting	1:00pm	Displace 1			Displace 2			Displace 3			Displace 4			Displace 5		
MIRU	12:45pm	BLS	Time	PSI	BLS	Time	PSI	BLS	Time	PSI	BLS	Time	PSI	BLS	Time	PSI
CIRCULATE	1:36pm	0	2:13pm	310	0			0			0			0		
Drop Plug		10	2:16pm	380	10			10			10			10		
2:31pm		20	2:16pm	395	20			20			20			20		
		30	2:20pm	420	30			30			30			30		
		40	2:22pm	510	40			40			40			40		
		50	2:24pm	650	50			50			50			50		
M & P		60	2:27pm	680	60			60			60			60		
Time	Sacks	70	2:31pm	970	70			70			70			70		
1:44pm	430	80			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:

Saft meeting 1:00pm Circ 1:36pm Cement 1:44pm to 2:13pm Drop plug 2:13 Dis 2:13pm

Float collar did hold

used 60% Excess = 430 sks 97.6 bbls of slurry

25 bbls of slurry to pit.

X Dennis E. R
Work Performed

X Eucana Rep
Title

X 3-6-13
Date



Bison Oil Well Cementing, Inc
1738 Wynkoop St., Ste. 102
Denver, CO 80202
303-296-3010
www.Bisonoilwell.com

Cementing Customer Satisfaction Survey

Service Date 3-6-13
Invoice Amount 12,413.50
Well Name State Peterson
Well Location 70 Ranch
County Weld
SEC/TWP/RNG 20-5N-63W
State Colorado
Supervisor Name Brad Kosinski

Invoice Number 11203
Well Permit Number State Peterson 2c-2011
Well Type gas/oil
Well Number State Peterson 2c-2011
Lease _____
Job Type Surface
Company Name Encaner
Customer Representative Dennis / Cody
Customer Phone Number _____

Employee Name

Exposure Hours (Per Employee)

Brad
Calvin
Monte
Mark

5
5
5
5
X

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

- ____ Personnel -
- ____ Equipment -
- ____ Job Design -
- ____ Product / Material -
- ____ Health & Safety -
- ____ Environmental -
- ____ Timeliness -
- ____ Condition / Appearance -
- ____ Communication -
- ____ 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:

No Complaints. Good job!

THE INFORMATION HEREIN IS CORRECT -

Dennis E. Plonk

Customer Representative's Signature

3-6-13

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 11203

Date 3-6-13 Time _____ ☐ AM ☐ PM Meeting Facilitator Brad Kosinski
Facility Name and Location _____ Work to be Undertaken Surface
Nearest Emergency Medical Service Number (Other than 911) Greeley Co.

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 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 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 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 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>Math Shand</u> (ECA)
<u>Calvin</u>	<u>Vicki Leonard</u> (ECA)
<u>Monte</u>	<u>_____</u>
<u>Mark Schuler</u>	<u>_____</u>
<u>James Dyer</u> ENSIGN	<u>_____</u>
<u>_____</u>	<u>_____</u>

Other Considerations and Field Notes:

Dennis Epler ENCA
_____ Ensign

BISON OILWELL CEMENTING JOB SAFETY ANALYSIS WORKSHEET



JOB/TASK: SURFACE CASING CEMENTING		CEMENTER/SUPERVISOR: Brad Kosinski		PAGE 1 OF 2
WELL NAME: Stat Peterson 2c-20h		RIG # Ensign 135	LOCATION: 70 Ranch	DATE: 3-6-13
OPERATOR: Encana		CONSULTANT: Denis/Cody		INVOICE # 11203
PPE REQUIRED: <input type="checkbox"/> Hard Hat <input type="checkbox"/> FR Coveralls <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Reflective Vest <input type="checkbox"/> Steel Toe Boots <input type="checkbox"/> Impact Gloves		ADDITIONAL PPE (based on job specific hazards) <input type="checkbox"/> Goggles <input type="checkbox"/> Cface shield <input type="checkbox"/> Chemical Resistant Gloves <input type="checkbox"/> Chemical Resistant Clothing		<input type="checkbox"/> Air Purifying Respirator <input type="checkbox"/> Supplied Air Respirator <input type="checkbox"/> Personal H2S Monitor <input type="checkbox"/> Personal Methane Monitor
JOB STEPS		POTENTIAL HAZARDS		RECOMMENDED ACTION OR PROCEDURE
1. Review JSA	Misunderstanding	Clarify job and associated hazards and safety concerns		BK
2. Conduct pre job safety meeting	Misunderstanding	-Hold safety meeting with all personnel on location, ensure everyone pays attention to ensure they understand their role and responsibility during the job -Review treatment report with consultant and obtain signature for authorization to proceed -Identify and address short service employees (SSE) who are on location -Coordinate with well site supervisor for directions on where and when to park the equipment -All Bison crew members walk the location prior to driving in to access specific hazards -Utilize spotters when trucks are in motion -Establish buffer zone around equipment utilizing cones and caution tape -Cementer follows up to ensure connections are secure -Lift with your legs and use teamwork when rigging up -Utilize reflective vests and wands to increase visibility at night -Deploy spill berms and buckets -Inspect slings, chains and hooks prior to lift -Ensure line of sight with crane/tugger operator is maintained throughout the lift and hand signals are understood -Ensure no personnel are under suspended equipment -Utilize a tag line to control the load		BK
3. Move trucks in and rig up equipment	Other traffic on location, overhead lines, pinch points, heavy lifting, slips/falls			BK
4. Raise cement head and hoses to rig floor	Overhead work, improper hookup/load not properly secured, poor communication between ground personnel and crane/tugger operator	-Only Bison personnel install the cement head and hoses -Maintain line of sight and communication with crane/tugger operator -Remove non-essential personnel from rig floor, wait until other activity is done -Rig crew does not install chains until head and hoses are installed -Ensure a clear path when swinging a hammer -Ensure all fittings and hoses have proper pressure rating for the job and fall within the parameters of the <i>Bison Oilwell Iron Inspection Program</i>		BK
5. Connect Cement head/swage/pin, chickens and hoses.	Working in a congested area, pinch points, swinging hammers, slippery rig floor	-Ensure rig floor is clear and personnel are away from hoses prior to test -Establish buffer area around high pressure hoses -Lines are checked from a distance and using pressure gauges -Pressure test prior to job, utilize heavy duty hose hobbles and pressure relief valve -Keep rig floor and buffer area clear while pumping -Utilize proper PPE -Have access to water to rinse affected skin		BK
6. Pressure test lines	Test to: <div>PSI- 500</div> Maximum pressure allowed for job: <div>PSI- 2500</div>	Equipment failing under high pressures		BK
7. Pump Spacer (dye marker)/Mix and Pump Cement	Serious injury from high pressure line failure or catastrophic equipment failure. Casing hydraulically from hole, causing injury. Burns or skin irritation from splashing cement, uncontrolled spills			BK

BISON OILWELL CEMENTING JOB SAFETY ANALYSIS WORKSHEET



		-Deploy spill berms and buckets	BK
8. Drop plug	Slips, trips, falls. Miscommunication between pump operator and cementer, pressure against a closed stop	-Utilize 3 points of contact while descending/climbing ladder and stairs -Have visual contact between cementer and pump operator before pump is engaged	BK
9. Displacement	Unexpected pressure associated with resuming of pumping, casing hydraulicking from hole, serious injury from high pressure line failure or catastrophic equipment failure.	-Ensure rig floor remains clear and non-essential personnel stay clear from buffer area -Pump operator monitors pump pressure constantly -Utilize proper PPE	BK
10. Bump plug- Test float and release pressure	Pressure jumps before expected (calculated) displacement. Pressure jumps rapidly and higher than expected	-Pump operator slows rate to 2 BPM when 5 bbls from calculated displacement and down to 1 bpm within 2 bbls of calculated displacement -Pump operator monitors pressure constantly -Pressure relief valve installed on pump	BK
11. Pressure test casing (if required)	Test to: PSI- <input type="text" value="n/a"/> FOR: MIN- <input type="text"/>	-Ensure rig floor remains clear and non-essential personnel stay clear from the buffer area	BK
12. Wash up / rig down	Splashing cement slurry, heavy lifting, pinch points, unsecured hoses	-Utilize stakes or portable tank manifold to secure hoses -Use proper lifting technique (2 man lift, lift with legs, plan your route)	BK
13. Depart location	Other traffic and personnel and location, overhead lines	-All Bison crew member walk the planned exit route to access possible obstacles and hazards -Utilize spotters while backing	BK
OTHER HAZARDS SPECIFIC TO LOCATION OR ENVIRONMENT NOT ADDRESSED ABOVE:			
DESIGNATED EMERGENCY MUSTER AREA:		NEAREST EMERGENCY MEDICAL FACILITY (OTHER THAN 911):	
Rigs Muster Area		Greely Co	

BK

BK

BK

BK

BK

BK

BK

State Peterson 2C-20H

M/D TOTCO 2000 SERIES

