

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



№ 11202

WELL NO. AND FARM Stute Peterson		COUNTY Weild	STATE Co	DATE 3-5-13	
CHARGE TO Encana		WELL LOCATION SEC. 20 TWP. 5N RANGE 63W		CONTRACTOR	
			DELIVERED TO Ensign 135	LOCATION 1	CODE
			SHIPPED VIA 3106, 3211, 102	LOCATION 2	CODE
			TYPE AND PURPOSE OF JOB Surface	LOCATION 3	CODE
				WELL TYPE	CODE

[illegible]

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 1½% which is equal to an **ANNUAL PERCENTAGE RATE OF 18%**.

SUB TOTAL

_TAX

"TAXES WILL BE ADDED AT CORPORATE OFFICE"

TOTAL

SUBJECT TO CORRECTION

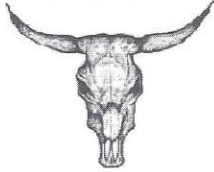
Customer or His Agent

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.

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

11202
Stat Peterson

TREATMENT REPORT

DATE <u>3-5-13</u>	WELL NAME <u>Stat Peterson</u>	SECTION <u>20</u>	TWP <u>5N</u>	RGE <u>63W</u>	COUNTY <u>Weild</u>
BILL TO <u>Encana</u>		CONSULTANT			
OWNER <u>Encana</u>		RIG NAME & NUMBER <u>Ensign 135</u>			
MAILING ADDRESS		DISTANCE TO LOCATION <u>60 mi / 23 mi</u>		UNITS ON LOCATION <u>3106, 3211, 102</u>	
CITY		TIME REQUESTED <u>7:30 AM</u>		TIME ARRIVED ON LOCATION <u>7:22 AM</u>	
STATE, ZIP		TIME LEFT LOCATION			

WELL DATA

HOLE SIZE <u>12 1/4</u>	TUBING SIZE	PERFORATIONS
TOTAL DEPTH <u>991</u>	TUBING DEPTH	SHOTS/FT
CASING SIZE <u>9 5/8</u>	TUBING WEIGHT	OPEN HOLE
CASING DEPTH <u>996.21</u>	TUBING CONDITION	TREATMENT VIA
CASING WEIGHT <u>40</u>	PACKER DEPTH	

CASING CONDITION Good

Max Rate 6 bbls min

Max Pressure 2500 lbs

Cement Makeup

Cement Blend	<u>DFN 3% BOCA-1, 25 lb/sk BPLA-1</u>		
Cement - Specs	lbs	Yield	Water Requirements
	<u>15.2</u>	<u>1.27</u>	<u>5.89</u>
Annulus Factor	Capacity Factor		
<u>3131</u>	<u>0.758</u>		

TYPE OF TREATMENT

☒ Surface Pipe ☐ Production ☐ Squeeze
☐ MISC Pump ☐ P&A

HYD HHP = RATE X PRESSURE / 40.8

% Excess 60

BBL to Pit 32

DESCRIPTION OF JOB EVENTS

MIRW Pressure test at 500 lbs 30 bbls of CKL, 10 dye mix + pump 7.30 sks
Dis 72 bbl water drop plug pump 500 lbs over hold for 5 min release
pressure rig down

X Donna Epler
Authorization To Proceed

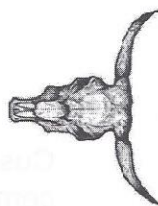
Title

X 3-5-13
Date

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INVOICE #
LOCATION
FOREMAN

11202
State Peterson
Brad.

Treatment Report Page 2

DESCRIPTION OF JOB EVENTS

Safety Meeting	8:00	Displace 1			Displace 2			Displace 3			Displace 4			Displace 5		
MIRU	7:22	BBLS	Time	PSI	BBLS	Time	PSI	BBLS	Time	PSI	BBLS	Time	PSI	BBLS	Time	PSI
CIRCULATE	9:09	0	9:43	150	0			0			0			0		
Drop Plug		10	9:46	390	10			10			10			10		
		20	9:47	470	20			20			20			20		
		30	9:49	560	30			30			30			30		
		40	9:51	620	40			40			40			40		
		50	9:53	710	50			50			50			50		
M & P		60	9:54	750	60			60			60			60		
		70	9:57	550	70			70			70			70		
		80	9:59	450	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		
Time	Sacks															
9:15																
9:40																

Notes:

MT Ru Pressure test at 500 lbs 3000 lbs KCL, 10 day mix & pump 430 sks, drop plug
Dis 72 bbls/water bumper plug with pressure at 500 over held for 5 min released pressure
rig down, cleaned up, left location

MT Ru 7:30 am 943 @ 150
Safety meeting 8:00 am 946 10 390

Circ 9:09 am 947 80 470

Cement 9:15 am 949 30 560

Displace 9:43 am 951 40 620

Drop Plug 9:42 am 953 50 710

954 60 750
957 70 550
959 72 430

X *David Johnson*
Work Performed

X *Enrique Rep*
Title

Date

3-5-13



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 3-5-13 Invoice Number 11202
Invoice Amount _____ Well Permit Number _____
Well Name Stat Peterson Well Type _____
Well Location _____ Well Number _____
County We. Id. Lease _____
SEC/TWP/RNG 26 5N 63W Job Type Surface
State Colorado Company Name Incana
Supervisor Name _____ Customer Representative _____
Customer Phone Number _____
Employee Name _____ Exposure Hours (Per Employee) 3.5
Brace 3.5
Calvin 3.5
Monte 3.5
Mark 3.5
Ray 3.5
Total Exposure Hours 17.5 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:

Good job. No Complaints.

THE INFORMATION HEREIN IS CORRECT -

Dennis E. [Signature]
Customer Representative's Signature

3-5-13
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 11202

Date 13-5-13 Time 7:55 ☒ AM ☐ PM Meeting Facilitator _____
Facility Name and Location Sty + Peterson Work to be Undertaken Surface

Nearest Emergency Medical Service Number (Other than 911) 602/4

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

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

- | | | | |
|--|---|--|---|
| Eyes/Face
<input type="checkbox"/> Tinted Lenses
<input type="checkbox"/> Goggles
<input type="checkbox"/> Faceshield
<input type="checkbox"/> Hearing Protection
<input type="checkbox"/> _____ | Hands
<input type="checkbox"/> Chemical Resistant Gloves
<input type="checkbox"/> Heat Resistant Gloves
<input type="checkbox"/> Cotton or Leather Gloves
<input type="checkbox"/> Dielectric Gloves
<input type="checkbox"/> _____ | Feet
<input type="checkbox"/> Rubber Boots
<input type="checkbox"/> Over Boots
<input type="checkbox"/> Dielectric Boots
<input type="checkbox"/> _____ | Other
<input type="checkbox"/> Air Purifying Respirator
<input type="checkbox"/> Supplied Air Respirator
<input type="checkbox"/> Personal H2S Monitor (if in sour area)
<input type="checkbox"/> Chemical Resistant Clothing
<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>Franklin Ensign</u>
<u>Monte</u>	<u>Monte</u>
<u>Calvin</u>	<u>Calvin</u>
<u>Justin</u> <u>Ensign</u>	<u>Justin</u> <u>Ensign</u>
<u>Justin</u> <u>Ensign</u>	<u>Justin</u> <u>Ensign</u>

Other Considerations and Field Notes: ENSIGN

Donna Elmer - Ensign

BISON OILWELL CEMENTING JOB SAFETY ANALYSIS WORKSHEET



JOB/TASK: SURFACE CASING CEMENTING		CEMENTER/SUPERVISOR: Brad Kosinski		PAGE: 1	OF: 2
WELL NAME: State Peterson 2D-20H		RIG #: Ensign 135	LOCATION: 70 Ranch	DATE: 3-5-13	
OPERATOR: Encana		CONSULTANT: Dennis/Cody		INVOICE #: 11202	
PPE REQUIRED: <ul style="list-style-type: none"> <input type="checkbox"/> Hard Hat <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Steel Toe Boots <input type="checkbox"/> Impact Gloves <input type="checkbox"/> FR Coveralls <input type="checkbox"/> Reflective Vest 		ADDITIONAL PPE (based on job specific hazards): <ul style="list-style-type: none"> <input type="checkbox"/> Goggles <input type="checkbox"/> Faceshield <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 -Cementor 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			BK	
5. Connect Cement head/swage/pin, chickens and hoses.	Working in a congested area, pinch points, swinging hammers, slippery rig floor	-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 Bison Oilwell Iron Inspection Program		BK	
6. Pressure test lines	Equipment failing under high pressures	-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	Pressure relief valve set to: 2500 Max. pump pressure: PSI: 7500	BK	
7. Pump Spacer (dye marker)/Mix and Pump Cement	Serious injury from high pressure line failure or catastrophic equipment failure. Casing hydraulics 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 -Utilize 3 points of contact while descending/climbing ladder and stairs -Have visual contact between cementer and pump operator before pump is engaged	BK
8. Drop plug	Slips, trips, falls. Miscommunication between pump operator and cementer, pressure against a closed stop		BK
9. Displacement	Unexpected pressure associated with resuming of pumping, casing hydraulics 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: <input type="text" value="N/A"/> PSL- <input type="text"/> 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 men 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:			BK
DESIGNATED EMERGENCY MUSTER AREA:		NEAREST EMERGENCY MEDICAL FACILITY (OTHER THAN 911):	
Lease Road to Rig		Greeley	

State Peterson 2D-20H

M/D TOTCO 2000 SERIES

