

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

№ 11721

WELL NO. AND FARM <i>STATE PETERSON 2E-20H</i>	COUNTY <i>Weld</i>	STATE <i>Colo.</i>	DATE <i>3-3-13</i>
CHARGE TO <i>ENCANA</i>	WELL LOCATION SEC. <i>20</i> TWP. <i>5N</i> RANGE <i>63W</i>	CONTRACTOR <i>ENSIGN Rig 135</i>	
	DELIVERED TO <i>70 Ranch</i>	LOCATION <i>1 Shop</i>	CODE
	SHIPPED VIA <i>3106/3205</i>	LOCATION <i>2 70 Ranch</i>	CODE
	TYPE AND PURPOSE OF JOB <i>SURFACE Pipe</i>	LOCATION <i>3 Shop</i>	CODE
		WELL TYPE <i>Gas+Oil</i>	CODE

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>BFNTTL 30% BCCA-1.25 1 1/2 K BFLA-1</i>	<i>428</i>	<i>SK.</i>	<i>22.45</i>	<i>9608 60</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 400 mile 60 mile min Round Trip</i>	<i>2</i>	<i>EA.</i>	<i>240.00</i>	<i>480 00</i>
	<i>Pickup Mileage 150 mile 60 mile min Round Trip</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>100</i>	<i>lb.</i>	<i>2.00</i>	<i>200 00</i>
	<i>Waiting Time</i>	<i>1</i>	<i>hr</i>	<i>250.00</i>	<i>250 00</i>

Encana Oil & Gas (USA) Inc.
 DJ Basin
 Well: *state Peterson 2E-20H*
 AFE: *13172459*
 Supervisor: *RC MC*
 Weight: *115* - 6000 lbs
 Miles: *6*
 TAX REFERENCES

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%.

THANKS Calvin

SUB TOTAL	<i>12,568 60</i>
TAX	
TOTAL	

"TAXES WILL BE ADDED AT CORPORATE OFFICE"

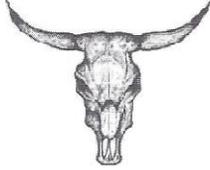
[Signature] Customer or His Agent *[Signature]* Bison Oil Well Cementing, Inc. Representative

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.

SUBJECT TO CORRECTION

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

11721
 70 Ranch
 Calvin Reimers

TREATMENT REPORT

DATE	WELL NAME	SECTION	TWP	RGE	COUNTY
3-3-13	STATE PETERSON 2E-20H	20	5N	63W	Weld
BILL TO	CONSULTANT				
ENCANA	DENNIS / Cody				
OWNER	RIG NAME & NUMBER				
ENCANA	ENSIGN Rig 135				
MAILING ADDRESS	DISTANCE TO LOCATION		UNITS ON LOCATION		
	23 miles		120/3106/3205		
CITY	TIME REQUESTED		TIME ARRIVED ON LOCATION		
	7:00 pm.		6:15 pm.		
STATE, ZIP	TIME LEFT LOCATION				
	12:00 am.				

WELL DATA

HOLE SIZE	TUBING SIZE	PERFORATIONS
12 1/4		
TOTAL DEPTH	TUBING DEPTH	SHOTS/FT
989		
CASING SIZE	TUBING WEIGHT	OPEN HOLE
9 5/8		
CASING DEPTH	TUBING CONDITION	TREATMENT VIA
993.82		
CASING WEIGHT	PACKER DEPTH	
40 lb.		
CASING CONDITION		
Max Rate	6.0	
Max Pressure	2500	

Cement Makeup

Cement Blend	BFNTU 3% BCCA-1, 25 1/2 sk BFLA-1		
Cement - Specs	lbs	Yield	Water Requirements
	15.2	1.27	5.89
Annulus Factor	Capacity Factor		
.3131	.0758		

TYPE OF TREATMENT

Surface Pipe Production Squeeze
 MISC Pump P&A

HYD HHP = RATE X PRESSURE / 40.8

% Excess 60
 BBL to Pit 25

DESCRIPTION OF JOB EVENTS

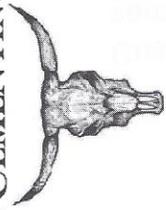
MIRU, Safety meeting, ~~psi~~ psi check to 500 psi, Circ 30 bbls. H₂O with KCL + Blue Dye x 16 in 2nd 10 bbls., Mix pump 60% Excess = 428 sks, 96.80 bbls. Slurry at 15.2 lbs, 1.27 yield, Drop plug, Displace 71.9 bbls. H₂O, Bump plug at 500 psi OVER Lift psi, Wait 5 min. Then bleed off psi, Washup, Rig down

X Authorization To Proceed

Title

X 3-3-13 Date

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11721
 70 Ranch
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Treatment Report Page 2

DESCRIPTION OF JOB EVENTS

	Displace 1		Displace 2		Displace 3		Displace 4		Displace 5		Displace 5	
	BBLs	Time	BBLs	Time	BBLs	Time	BBLs	Time	BBLs	Time	BBLs	Time
Safety Meeting	9:20 am											
MIRU	8:30 pm											
CIRCULATE	10:03 pm	0	10:41 pm	50								
Drop Plug		10	10:44 pm	360								
		20	10:46 pm	430								
		30	10:48 pm	570								
		40	10:49 pm	730								
		50	10:51 pm	750								
M & P		60	10:53 pm	820								
Time		70	10:55 pm	920								
	10:09 pm to 10:37 pm	428										
		719										
		90										
		100										
		110										
		120										
		130										
		140										
		150										

Notes:

Safety meeting 9:22 pm, Circ 10:03 pm, CEMENT 10:09 pm to 10:37 pm, Deep Plug 10:40 pm, Displace 10:41 pm

Float Collar did not Hold

USED 60% Excess = 428 SKS, 96.8 bbls Slurry

25 bbls Slurry To The Pit

[Signature]

X 3-3-13
 Date

X Title

Work Performed



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 3-3-13
 Invoice Amount _____
 Well Name STATE PETERSON
 Well Location 70 RANCH
 County Weld
 SEC/TWP/RNG 20-5N-63W
 State Colo.
 Supervisor Name CALVIN REIMERS

Invoice Number 11721
 Well Permit Number _____
 Well Type GAS/OIL
 Well Number 2E-20H
 Lease _____
 Job Type SURFACE PIPE
 Company Name ENCANA
 Customer Representative DENNIS / Cody
 Customer Phone Number _____

Employee Name
MIKE R.
MARK S

Exposure Hours (Per Employee)

Total Exposure Hours _____

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:

_____ All Good _____

THE INFORMATION HEREIN IS CORRECT -

 Customer Representative's Signature

3-3-13
 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 11721

Date 3-3-13 Time 9:22 AM PM Meeting Facilitator CALVIN REIMERS
 Facility Name and Location STATE PETERSON 2E-20H 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)

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Positions of People | <input checked="" 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 checked="" type="checkbox"/> Overhead work/suspended Loads/Chains/Slings | <input checked="" type="checkbox"/> Walking/Working Surfaces |
| <input type="checkbox"/> Extreme Heat/Cold | <input checked="" 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 checked="" 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 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> - BISON	<u>[Signature]</u> Ensign
<u>[Signature]</u> Ensign	<u>[Signature]</u> Ensign
<u>[Signature]</u> Ensign	<u>[Signature]</u> Ensign
<u>[Signature]</u> Ensign	<u>[Signature]</u> Ensign

Other Considerations and Field Notes:

Mark Bison
[Signature]

BISON OILWELL CEMENTING JOB SAFETY ANALYSIS WORKSHEET



JOB/TASK: SURFACE CASING CEMENTING		CEMENTER/SUPERVISOR: Calvin Reimers		PAGE: 1	OF: 2
WELL NAME: State Peterson 2E-20H		RIG #: Ensign 135	LOCATION: 70 Ranch	DATE: 3-3-13	INVOICE #: 11721
OPERATOR: Encarna		CONSULTANT: Dennis / Cody			
PPE REQUIRED: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Hard Hat <input checked="" type="checkbox"/> Safety Glasses <input checked="" type="checkbox"/> Steel Toe Boots <input checked="" type="checkbox"/> Impact Gloves 		ADDITIONAL PPE (based on job specific hazards) <ul style="list-style-type: none"> <input type="checkbox"/> FR Coveralls <input type="checkbox"/> Reflective Vest <input type="checkbox"/> Goggles <input type="checkbox"/> Faceshield <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	CR	
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 emp eyes (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	CR	
3. Move trucks in and rig up equipment	Other traffic on location, overhead lines, pinch points, heavy lifting, slips/falls		-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>	CR	
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		-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	CR	
5. Connect Cement head/swager/pin, chickens and hoses.	Working in a congested area, pinch points, swinging hammers, slippery rig floor		-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	CR	
6. Pressure test lines	Equipment failing under high pressures	Test to: 500 PSI Maximum pressure allowed for job: 2500 PSI	Pressure relief valve set to: 2500 PSI Max. pump pressure: 7500 PSI	CR	
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			CR	

BISON OILWELL CEMENTING JOB SAFETY ANALYSIS WORKSHEET



		<ul style="list-style-type: none"> -Deploy spill berms and buckets 	CR
8. Drop plug	Slips, trips, falls. Miscommunication between pump operator and cementer, pressure against a closed stop	<ul style="list-style-type: none"> -Utilize 3 points of contact while descending/climbing ladder and stairs -Have visual contact between cementer and pump operator before pump is engaged 	CR
9. Displacement	Unexpected pressure associated with resuming of pumping, casing hydraulizing from hole, serious injury from high pressure line failure or catastrophic equipment failure.	<ul style="list-style-type: none"> -Ensure rig floor remains clear and non-essential personnel stay clear from buffer area -Pump operator monitors pump pressure constantly -Utilize proper PPE 	CR
10. Bump plug-Test float and release pressure	Pressure jumps before expected (calculated) displacement. Pressure jumps rapidly and higher than expected	<ul style="list-style-type: none"> -Pump operator slows rate to 2 BPM when 5 Dbls from calculated displacement and down to 1 bpm within 2 dbls of calculated displacement -Pump operator monitors pressure constantly -Pressure relief valve installed on pump 	CR
11. Pressure test casing (if required)	Test to: PSI- <input type="text" value="N/A"/> FOR: MIN- <input type="text"/>	<ul style="list-style-type: none"> -Ensure rig floor remains clear and non-essential personnel stay clear from the buffer area 	CR
12. Wash up / rig down	Splashing cement slurry, heavy lifting, pinch points, unsecured hoses	<ul style="list-style-type: none"> -Utilize stakes or portable tank manifold to secure hoses -Use proper lifting technique (2 man lift, lift with legs, plan your route) 	CR
13. Depart location	Other traffic and personnel and location, overhead lines	<ul style="list-style-type: none"> -All Bison crew member walk the planned exit route to access possible obstacles and hazards -Utilize spotters while backing 	CR
OTHER HAZARDS SPECIFIC TO LOCATION OR ENVIRONMENT NOT ADDRESSED ABOVE:			
DESIGNATED EMERGENCY MUSTER AREA: <input type="text" value="Lease Road to Rig"/>		NEAREST EMERGENCY MEDICAL FACILITY (OTHER THAN 911): <input type="text" value="Greeley"/>	

State Peterson 2E-20H

M/D TOTCO 2000 SERIES

