

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 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. | | |
| | Pump Charge | 1 | EA. | 1400.00 | 1400 00 |
| | BFN III 30% BCCA-1.25 16 1/2 K BFLA-1 | 428 | SK. | 22.45 | 9608 60 |
| | BCLY-1 | 3 | QT. | 25.00 | 75 00 |
| | Blue Dye | 16 | OZ. | 15.00 | 240 00 |
| | Truck Mileage 400 mile 60 mile min Round Trip | 2 | EA. | 240.00 | 480 00 |
| | Pickup Mileage 150 mile 60 mile min Round Trip | 1 | EA. | 90.00 | 90 00 |
| | Data Int. | 1 | EA. | 225.00 | 225 00 |
| | Sugar | 100 | lb. | 2.00 | 200 00 |
| | Waiting Time | 1 | hr | 250.00 | 250 00 |
| <div> <div>Encana Oil & Gas (USA) Inc.</div> <div>DJ Basin</div> <div>Well state Peterson 2E-20H</div> <div>AP# 13172459</div> <div>Superior CO Total 115 - 6 loaded</div> <div>Weight Miles</div> <div>Ton Miles</div> </div> | | | | | |
| <div> <div>TAX REFERENCES</div> <div>RC MC</div> <div>THANKS Calvin</div> </div> | | | | | 12,568 60 |
| SUB TOTAL | | | | | |
| TAX | | | | | |
| TOTAL | | | | | |

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 ANNUAL PERCENTAGE RATE OF 18%.

"TAXES WILL BE ADDED AT CORPORATE OFFICE"

SUBJECT TO CORRECTION

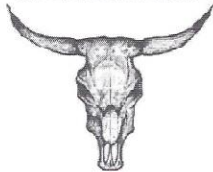
[Signature]
Customer or His Agent

[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.

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 #

11721

LOCATION

70 Ranch

FOREMAN

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 | | ENSGN 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 | |
| 4016. | | |
| CASING CONDITION | | |
| Max Rate | 6.0 | |
| Max Pressure | 2500 | |

Cement Makeup

| | | | |
|----------------|---------------------------------|-------|--------------------|
| Cement Blend | BFNTU 3% BCCA-1, 2516/sk BFLA-1 | | |
| Cement - Specs | lbs | Yield | Water Requirements |
| | 15.2 | 1.27 | 5.89 |
| Annulus Factor | Capacity Factor | | |
| .3131 | .0758 | | |

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 | |

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 x16 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

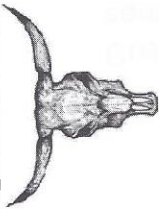
Title

X 3-3-13

Date

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.

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INVOICE #
LOCATION
FOREMAN

11721
70 Ranch
Calvin Reimers

Treatment Report Page 2

DESCRIPTION OF JOB EVENTS

| | Displace 1 | | | Displace 2 | | | Displace 3 | | | Displace 4 | | | Displace 5 | | | Displace 5 | | |
|----------------------|------------|------|----------|------------|------|-----|------------|------|-----|------------|------|-----|------------|------|-----|------------|------|-----|
| | BBSL | Time | PSI | BBSL | Time | PSI | BBSL | Time | PSI | BBSL | Time | PSI | BBSL | Time | PSI | BBSL | Time | PSI |
| Safety Meeting | 9:20 am | | | | | | | | | | | | | | | | | |
| MIRU | 8:30 pm | | | | | | | | | | | | | | | | | |
| CIRCULATE | 10:03 pm | 0 | 10:41 pm | 50 | | | 0 | | | 0 | | | 0 | | | 0 | | |
| Drop Plug | | 10 | 10:44 pm | 360 | | | 10 | | | 10 | | | 10 | | | 10 | | |
| | | 20 | 10:46 pm | 430 | | | 20 | | | 20 | | | 20 | | | 20 | | |
| | | 30 | 10:48 pm | 570 | | | 30 | | | 30 | | | 30 | | | 30 | | |
| | | 40 | 10:49 pm | 730 | | | 40 | | | 40 | | | 40 | | | 40 | | |
| | | 50 | 10:51 pm | 750 | | | 50 | | | 50 | | | 50 | | | 50 | | |
| M & P | | 60 | 10:53 pm | 820 | | | 60 | | | 60 | | | 60 | | | 60 | | |
| Time | Sacks | 70 | 10:55 pm | 420 | | | 70 | | | 70 | | | 70 | | | 70 | | |
| 10:09 pm to 10:37 pm | 428 | 71.9 | 10:56 pm | 420 | | | 80 | | | 80 | | | 80 | | | 80 | | |
| | | 90 | 10:58 pm | 420 | | | 90 | | | 90 | | | 90 | | | 90 | | |
| | | 100 | 10:30 | | | | 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 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

X 3-3-13

Date

X

Title

John

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 Number 11721
Invoice Amount _____ Well Permit Number _____
Well Name STATE PETERSON Well Type GAS/OIL
Well Location 70 RANCH Well Number 2E-20H
County Weld Lease _____
SEC/TWP/RNG 20-5N-63W Job Type SURFACE PIPE
State COLO. Company Name ENCANA
Supervisor Name CALVIN REIMERS Customer Representative DENNIS / Cody
Customer Phone Number _____

Employee Name

Exposure Hours (Per Employee)

MIKE R.
MARK S

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?

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?

All Good

THE INFORMATION HEREIN IS CORRECT -

[Signature]
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 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 checked="" type="checkbox"/> Overhead work/suspended Loads/Chains/Slings <input checked="" type="checkbox"/> Trapped Pressure <input type="checkbox"/> Flammable/Combustible/Explosives <input checked="" 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>[Signature]</u> <u>Bison</u> | <u>[Signature]</u> <u>Ensign</u> |
| <u>[Signature]</u> <u>Ensign</u> | <u>[Signature]</u> <u>Ensign</u> |
| <u>[Signature]</u> <u>Ensign</u> | <u>[Signature]</u> <u>Ensign</u> |
| <u>[Signature]</u> <u>Ensign</u> | <u>[Signature]</u> <u>Ensign</u> |

Other Considerations and Field Notes:

Max B... Bison
Walter D...

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 |
| OPERATOR: Encarna | | CONSULTANT: Dennis / Cody | INVOICE # 11721 | |
| 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 <input checked="" type="checkbox"/> FR Coveralls <input checked="" 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 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 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 | | CR |
| 3. Move trucks in and rig up equipment | Other traffic on location, overhead lines, pinch points, heavy lifting, slips/falls | | | 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 | -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 | | CR |
| 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 | | CR |
| 6. Pressure test lines | Test to: PSI- 500 Maximum pressure allowed for job: PSI- 2500 | Equipment failing under high pressures 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 | 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 |
| 7. Pump Spacer (dye marker)/Mix and Pump Cement | | Pressure relief valve set to: PSI- 2500 Max. pump pressure: PSI- 7500 | | CR |

BISON OILWELL CEMENTING JOB SAFETY ANALYSIS WORKSHEET



| | | | |
|---|---|---|----|
| 8. Drop plug | Slips, trips, falls. Miscommunication between pump operator and cementer, pressure against a closed stop | <ul style="list-style-type: none"> -Deploy spill berms and buckets | CR |
| | | <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 hydraulicing 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 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 | 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: <div style="border: 1px solid black; padding: 5px; width: 100%;"> Lease Road to Rig </div> | | NEAREST EMERGENCY MEDICAL FACILITY (OTHER THAN 911): <div style="border: 1px solid black; padding: 5px; width: 100%;"> Greeley </div> | |

State Peterson 2E-20H

M/D TOTCO 2000 SERIES

