

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 11920

WELL NO. AND FARM <i>Mathews 4C-14H</i>	COUNTY <i>Weld</i>	STATE <i>Colo.</i>	DATE <i>5-7-13</i>
CHARGE TO <i>ENCANA</i>	WELL LOCATION SEC. <i>14</i> TWP. <i>1N</i> RANGE <i>66W</i>	CONTRACTOR <i>Ensign Rig 135</i>	
DELIVERED TO <i>WCR 8+35</i>		LOCATION <i>1 Shop</i>	CODE
SHIPPED VIA <i>3106/3203</i>		LOCATION <i>2 WCR 8+35</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</i>	<i>00</i>
	<i>BFN III 3% BCCA-1 .25 1/8 SK BFLA-1</i>	<i>588</i>	<i>SK</i>	<i>22.45</i>	<i>13200</i>	<i>60</i>
	<i>Top Job. BFN II 3% BCCA-1 .25 1/8 SK BFLA-1</i>	<i>86</i>	<i>SK</i>	<i>22.45</i>	<i>1930</i>	<i>70</i>
	<i>BCLY-1</i>	<i>3</i>	<i>QT.</i>	<i>25.00</i>	<i>75</i>	<i>00</i>
	<i>Blue Dye</i>	<i>16</i>	<i>OZ.</i>	<i>15.00</i>	<i>240</i>	<i>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</i>	<i>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</i>	<i>00</i>
	<i>Data Int.</i>	<i>1</i>	<i>EA.</i>	<i>225.00</i>	<i>225</i>	<i>00</i>
	<i>SUGAR</i>	<i>50</i>	<i>lb.</i>	<i>2.00</i>	<i>100</i>	<i>00</i>
	<i>Waiting Time</i>	<i>3 1/2</i>	<i>hr</i>	<i>250.00</i>	<i>875</i>	<i>00</i>
		Total Weight	Loaded Miles	Ton Miles		

Ericans Oil & Gas (USA) Inc.
DJ Rate
Well: <i>Mathews 4C-14H</i>
AFE: <i>12169191</i>
Major/Minor CC: <i>8715.6018</i>
Signature: <i>Dennis Jansky</i>
Approver: <i>RC MS</i>

\$18,616.30

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

Thanks Calvin

"TAXES WILL BE ADDED AT CORPORATE OFFICE"

SUB TOTAL

18,616.30

TAX

TOTAL

SUBJECT TO CORRECTION

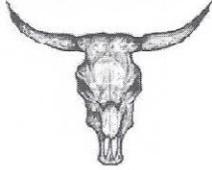
Dennis Jansky
 Customer or His Agent

Calvin J. P.
 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

11920
 WCR 8+35
 CALVIN REIMERS

TREATMENT REPORT

DATE	WELL NAME	SECTION	TWP	RGE	COUNTY
5-7-13	Mathews 4C-14H	14	1N	66W	Weld
BILL TO		CONSULTANT			
ENCANA		DENNIS			
OWNER		RIG NAME & NUMBER			
ENCANA		ENSIGN Rig 135			
MAILING ADDRESS		DISTANCE TO LOCATION	UNITS ON LOCATION		
		25 miles	3106/3203		
CITY		TIME REQUESTED	TIME ARRIVED ON LOCATION		
		10:30pm	9:10pm		
STATE, ZIP		TIME LEFT LOCATION			
		6:00 AM			

WELL DATA

Cement Makeup

HOLE SIZE	TUBING SIZE	PERFORATIONS	Cement Blend	BFNII 3% BCCA-1 .25lb/gk BFLA-1		
12 1/4			Cement - Specs	lbs	Yield	Water Requirements
TOTAL DEPTH	TUBING DEPTH	SHOTS/FT		15.2	1.27	5.89
1322			Annulus Factor	Capacity Factor		
CASING SIZE	TUBING WEIGHT	OPEN HOLE	.3131	.0758		
9 5/8			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			
CASING DEPTH	TUBING CONDITION	TREATMENT VIA				
1327.73						
CASING WEIGHT	PACKER DEPTH					
4016			HYD HHP = RATE X PRESSURE / 40.8 % Excess 60 BBL to Pit 0			
CASING CONDITION	Good					
Max Rate	7					
Max Pressure	2500					

DESCRIPTION OF JOB EVENTS

MIRU, Safety meeting, Psi Test to 500 Psi, Lica 30 bbls H₂O with KCL + Blue Dye x 16 in 2nd 10 bbls
 Mix + pump 60% Excess = 588 sks, 132.99 bbls Slurry at 15.2 lbs, 1.27 yield, Drop plug,
 Displace 97.2 bbls. H₂O, Bump plug at 150 Psi over Lift Psi, wait 5 min. then bleed
 off Psi, Washup, Rig down,

 Top Job 86 sks, 19.45 bbls Slurry

X Dennis Jansky
 Authorization To Proceed

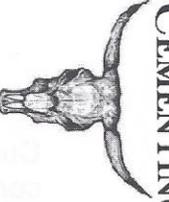
Wellsite Suprv.
 Title

x 5-7-13
 Date

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INVOICE #
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 FOREMAN

11920
 WCR 8+35
 CALVIN RENTERS

Treatment Report Page 2

DESCRIPTION OF JOB EVENTS

Safety Meeting MIRU CIRCULATE Drop Plug 12:56 AM M & P	Displace 1			Displace 2			Displace 3			Displace 4			Displace 5		
	BLS	Time	PSI	BLS	Time	PSI	BLS	Time	PSI	BLS	Time	PSI	BLS	Time	PSI
11:37am															
10:15pm	0	12:57am	50	0			0			0			0		
12:09am	10	1:01am	646	10			10			10			10		
	20	1:02am	920	20			20			20			20		
	30	1:05am	780	30			30			30			30		
	40	1:07am	790	40			40			40			40		
	50	1:09am	810	50			50			50			50		
	60	1:11am	930	60			60			60			60		
	70	1:13am	740	70			70			70			70		
	80	1:17am	840	80			80			80			80		
	90	1:20am	920	90			90			90			90		
	900	1:25am	800	100			100			100			100		
	110	Bump	1060	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:

Float Held, in The 1st 10 bbls. Casing jumped up 2', lost Circ 60 bbls in To Displacement
 USED 60% Excess = 588 SKs, 132.99 bbls Slurry / Slowed down to 36451m at 60 bbls away
 0 bbls Slurry to Surface
 Top Job USED 86 SKs, 19.45 bbls Slurry 4:30am to 5:00am.

X Denver Slurry
 Work Performed

X Wellsite Super.
 Title

X 5-7-13
 Date



Bison Oil Well Cementing, Inc
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 www.Bisonoilwell.com

Cementing Customer Satisfaction Survey

Service Date 5-7-13 Invoice Number 11920
 Invoice Amount _____ Well Permit Number _____
 Well Name MATHEWS Well Type GAS/Oil
 Well Location WCR 8+35 Well Number 4C-14H
 County WELD Lease _____
 SEC/TWP/RNG 14-1N-66W Job Type SURFACE PIPE
 State Colo. Company Name ENCANA
 Supervisor Name CALVIN REIMERS Customer Representative DENNIS
 Customer Phone Number _____

Employee Name Exposure Hours (Per Employee)
MONTE B. _____
MARK J. _____
GRAJ F. _____

 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	CUSTOMER SATISFACTION RATING
<u>4</u> Personnel -	Did our personnel perform to your satisfaction ?
<u>4</u> Equipment -	Did our equipment perform to your satisfaction ?
<u>4</u> Job Design -	Did we perform the job to the agreed upon design ?
<u>4</u> Product / Material -	Did our products and materials perform as you expected ?
<u>4</u> Health & Safety -	Did we perform in a safe and careful manner (Pre / post mtgs, PPE, TSMR, etc..) ?
<u>4</u> Environmental -	Did we perform in an environmentally sound manner (Spills, leaks, cleanup, etc..) ?
<u>4</u> Timeliness -	Was job performed as scheduled(On time to site, accessible to customer,completed when expected)?
<u>4</u> Condition / Appearance -	Did the equipment condition and appearance meet your expectation?
<u>4</u> Communication -	How well did our personnel communicate during mobilization, rig up, and job execution?
<u>4</u> Improvement -	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 Swaby _____ Date 5-7-13
 Customer Representative's Signature

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 11920

Date 5-7-13 Time 11:37 AM PM Meeting Facilitator CALVIN REIMERS
 Facility Name and Location MATHews 4C-14H Work to be Undertaken SURFACE PIPE
 Nearest Emergency Medical Service Number (Other than 911) Brighton

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:

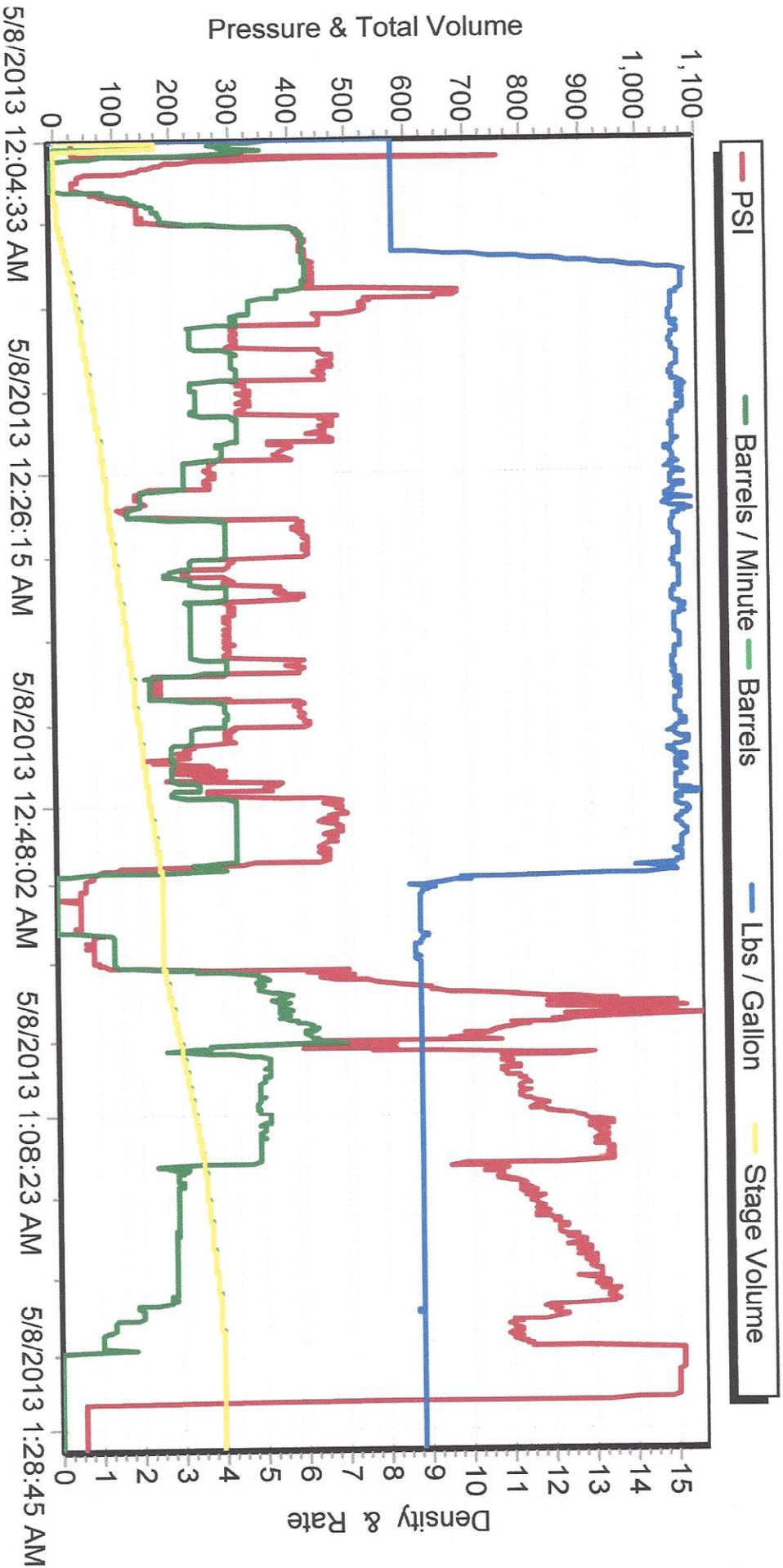
Attendees (Signature)/Company	Attendees (Signature)/Company
<u>Calvin Reimers</u> BISON	<u>Mark Schuler</u> (BISON)
<u>Monte Saday</u> BISON	<u>Jim Jang</u>
<u>Derek Schneider</u> WISE	
<u>JOEL WELCH</u> WISE	
<u>Jim Khan</u> WISE	

Other Considerations and Field Notes:

RICK TOTTIT
ROSS BISHEN
NICK KRUSE
[Signature]

5-7-13
Mathews 4C-14H
Ensign 135

M/D TOTCO 2000 SERIES



5-8-13 Top Job
Mathews 4C-14H
Ensign 135

M/D TOTCO 2000 SERIES

