

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

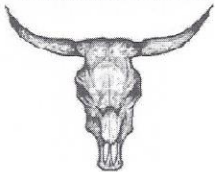


Customers hereby acknowledges and specifically agrees to the terms and conditions on this work order, including, without limitation, the provisions on the reverse side hereof which include the release and indemnity.



# 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-14 H	14	1 N	66 W	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		
12 1/4			BFNII 3% BCCA-1.2516/2K BFLA-1		
TOTAL DEPTH	TUBING DEPTH	SHOTS/FT	Cement - Specs	lbs	Yield
1322				15.2	1.27
CASING SIZE	TUBING WEIGHT	OPEN HOLE	Annulus Factor	Capacity Factor	
9 5/8			.3131	.0758	
CASING DEPTH	TUBING CONDITION	TREATMENT VIA	TYPE OF TREATMENT		
1327.73			<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		HYD HHP = RATE X PRESSURE / 40.8		
4016					
CASING CONDITION	Good				
Max Rate	7				
Max Pressure	2500				
% Excess	60				
BBL to Pit	0				

## DESCRIPTION OF JOB EVENTS

MIRU, Safety meeting, Psi Test To 500 Psi, Lica 30 bbls H<sub>2</sub>O 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. H<sub>2</sub>O, 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 J. Jansky  
Authorization To Proceed

Wellsite Supv.  
Title

x 5-7-13  
Date

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11920  
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Calvin Reimers

Treatment Report Page 2

## DESCRIPTION OF JOB EVENTS

Safety Meeting	Displace 1		Displace 2			Displace 3			Displace 4			Displace 5		
	Time	PSI	BBLS	Time	PSI	BBLS	Time	PSI	BBLS	Time	PSI	BBLS	Time	PSI
MIRU	11:37am													
CIRCULATE	10:15pm													
Drop Plug	12:09am	0	12:57m	50	0				0			0		
		10	1:01am	646	10				10			10		
		20	1:02am	920	20				20			20		
		30	1:05am	780	30				30			30		
		40	1:07am	790	40				40			40		
		50	1:09am	810	50				50			50		
M & P		60	1:11am	930	60				60			60		
Time		70	1:13am	740	70				70			70		
12:15am	12:58m	588												
		80	1:17m	840	80				80			80		
		90	1:20am	920	90				90			90		
		900	1:25am	800	100				100			100		
		110	Bump	1060	110				110			110		
		120			120				120			120		
		130			130				130			130		
		140			140				140			140		
		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 3645 in at 60 bbls away  
0 bbls Slurry to Surface

Top Job USED 86 SKs, 19.45 bbls Slurry 4:30pm to 5:00pm.

X Denver Slurry  
Work Performed

X Wellside Super.  
Title

X 5-7-13  
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 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 S. \_\_\_\_\_  
GRAG 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

- 4 Personnel -
- 4 Equipment -
- 4 Job Design -
- 4 Product / Material -
- 4 Health & Safety -
- 4 Environmental -
- 4 Timeliness -
- 4 Condition / Appearance -
- 4 Communication -
- 4 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?

THE INFORMATION HEREIN IS CORRECT -

Dennis L. Lundy  
Customer Representative's Signature

5-7-13  
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 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 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"/> _____
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### ADDITIONAL PPE REQUIREMENT (based on the job specific hazards, check all that apply)

<b>Eyes/Face</b> <input type="checkbox"/> Tinted Lenses <input type="checkbox"/> Goggles <input type="checkbox"/> Faceshield <input type="checkbox"/> Hearing Protection <input type="checkbox"/> _____	<b>Hands</b> <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"/> _____	<b>Feet</b> <input type="checkbox"/> Rubber Boots <input type="checkbox"/> Over Boots <input type="checkbox"/> Dielectric Boots <input type="checkbox"/> _____	<b>Other</b> <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"/> _____
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### 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>Phil Schuler</u> (Bison)
<u>Monte Badley</u> BISON	<u>Don Jang</u>
<u>Derek Schneider</u> WISE	
<u>Joel Wellert</u> WISE	
<u>Jim Blum</u> WISE	

Other Considerations and Field Notes:

Rich Tott

Ross Bisher

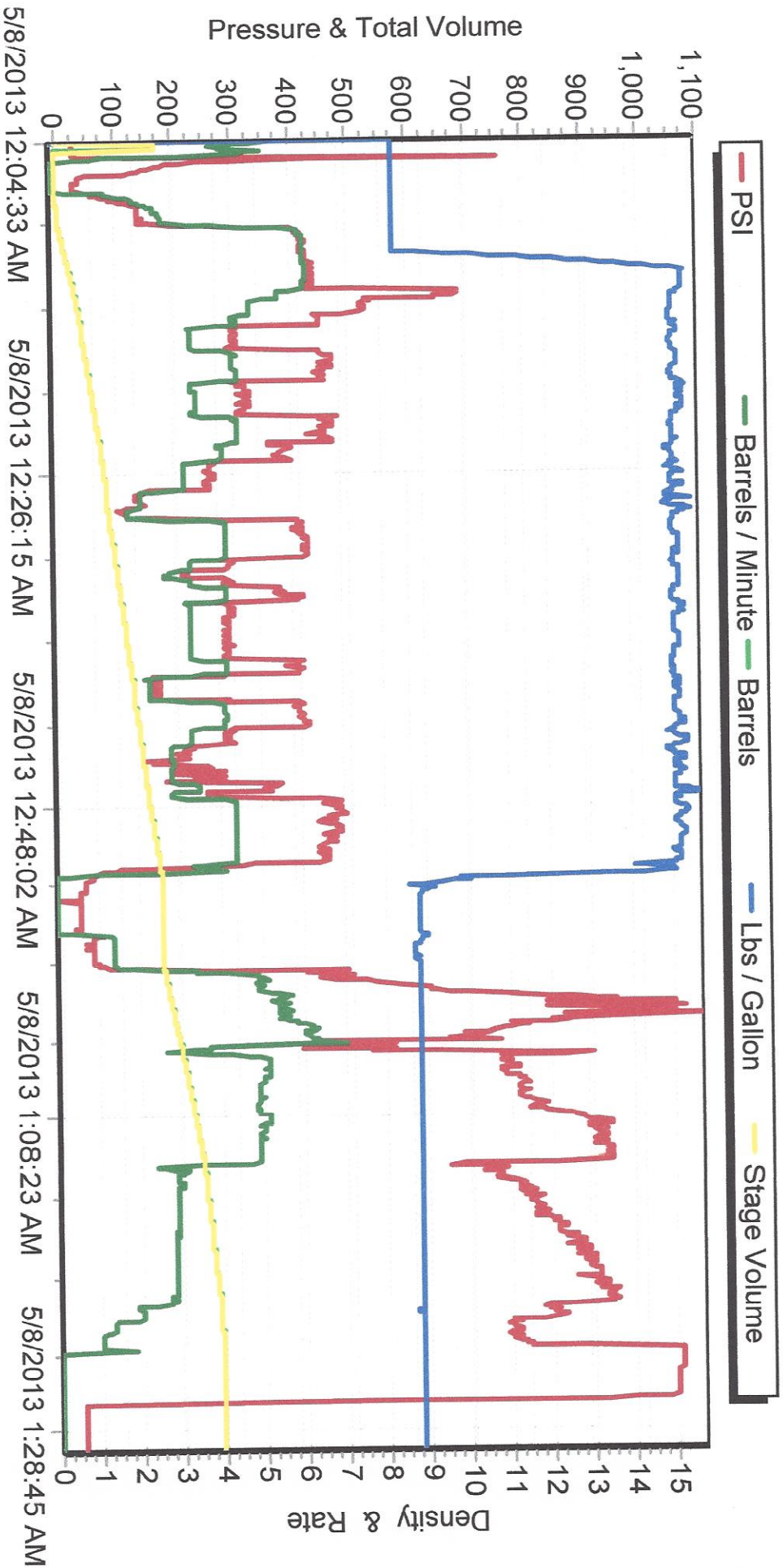
Nick Kruse

Jim Blum



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

## M/D TOTCO 2000 SERIES



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

## M/D TOTCO 2000 SERIES

