

# 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

**№ 11954**

WELL NO. AND FARM <i>Zone 1C-10H</i>		COUNTY <i>weld</i>	STATE <i>CO</i>	DATE <i>6-4-13</i>
CHARGE TO <i>Encana</i>		WELL LOCATION SEC. <i>10</i> TWP. <i>2N</i> RANGE <i>66W</i>		CONTRACTOR <i>Ensign 124</i>
		DELIVERED TO <i>22-31</i>	LOCATION <i>1 shop</i> CODE	
		SHIPPED VIA <i>3103-3263</i>	LOCATION <i>2 22-31</i> CODE	
		TYPE AND PURPOSE OF JOB <i>Surface Pipe</i>		LOCATION <i>3 shop</i> CODE
				WELL TYPE <i>645</i> CODE

PRICE REFERENCE	DESCRIPTION	UNITS		UNIT PRICE	AMOUNT
		QTY.	MEAS.		
	Pump charge	1	each	1400 <sup>00</sup>	1400 <sup>00</sup>
	BFW III 346 BCCA 1 25135 per SK BFLA=1	417	SLS	22 <sup>45</sup>	9361 <sup>65</sup>
	mileage 4 <sup>00</sup> per mile 60 mile min Round trip Trucks	2	each	240 <sup>00</sup>	480 <sup>00</sup>
	mileage 1 <sup>50</sup> per mile 60 mile min Round trip Pickup	1	each	90 <sup>00</sup>	90 <sup>00</sup>
	Blue Dye	10	oz	15 <sup>00</sup>	150 <sup>00</sup>
	BCLK-1	3	SLS	25 <sup>00</sup>	75 <sup>00</sup>
	Data Acc	1	each	225 <sup>00</sup>	225 <sup>00</sup>
	Sugar	100	lbs	2 <sup>00</sup>	200 <sup>00</sup>
		Total Weight	Loaded Miles	Ton Miles	

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

**Encana Oil & Gas (USA) Inc.**

DJ Basin

Well: *Zone 1C-10H*

A/E: *13172646*

Major/Minor CC: *8715.618*

Signature: *Carl Hall*

Approver: *RL KB*

"TAXES WILL BE ADDED AT CORPORATE OFFICE"

SUB TOTAL

*11981 65*

TAX

TOTAL

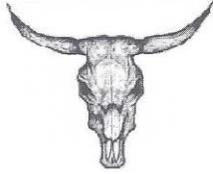
SUBJECT TO CORRECTION

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

11954  
 22-31  
 Kirk

## TREATMENT REPORT

DATE	WELL NAME	SECTION	TWP	RGE	COUNTY
6-4-13	Jane 1C-10H	10	2N	66W	weld
BILL TO	CONSULTANT				
Encana	Kales				
OWNER	RIG NAME & NUMBER				
	Ensign 124				
MAILING ADDRESS	DISTANCE TO LOCATION		UNITS ON LOCATION		
			3103-3203		
CITY	TIME REQUESTED		TIME ARRIVED ON LOCATION		
	4:00am		2:00am		
STATE, ZIP	TIME LEFT LOCATION				
	5:30am				

WELL DATA			Cement Makeup			
HOLE SIZE	TUBING SIZE	PERFORATIONS	Cement Blend	BFNTII 340 BFLA-1, 25 lbs per sack BFLA-1		
12 1/4			Cement - Specs	lbs	Yield	Water Requirements
				15.2	1.27	5.89
TOTAL DEPTH	TUBING DEPTH	SHOTS/FT	Annulus Factor	Capacity Factor		
1023			3131	10758		
CASING SIZE	TUBING WEIGHT	OPEN HOLE	<b>TYPE OF TREATMENT</b> <input checked="" type="checkbox"/> Surface Pipe <input type="checkbox"/> Production <input type="checkbox"/> Squeeze <input type="checkbox"/> MISC Pump <input type="checkbox"/> P&A			
9 5/8						
CASING DEPTH	TUBING CONDITION	TREATMENT VIA				
1013						
CASING WEIGHT	PACKER DEPTH					
4015						
CASING CONDITION	good		HYD HHP = RATE X PRESSURE / 40.8 % Excess    50% BBL to Pit    23 BBLs			
Max Rate						
Max Pressure						

## DESCRIPTION OF JOB EVENTS

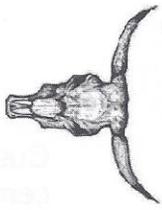
Set Pkg, meeting, Rig up, PSI test, Per coman Cir 30 BBLs KLL M20 2nd 10w/Dye, mix & Pump 417 SLS cement at 50 % Excess at 15.2 lbs at 1.27 yield, Release Plug Disp 73.3 BBLs M20, Bump Plug at 150 PSI over Lift PSI, wait 5 min Release PSI, work up Rig Down.

X		Well Site Supervisor	X 6-4-13
Authorization To Proceed		Title	Date

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INVOICE #  
 LOCATION  
 FOREMAN

11454  
 22-31  
 KILL

Treatment Report Page 2

## DESCRIPTION OF JOB EVENTS

Safety Meeting	MIRU	CIRCULATE	Drop Plug	4:22 am	Displace 1		Displace 2		Displace 3		Displace 4		Displace 5	
					BBLs	Time	PSI	BBLs	Time	PSI	BBLs	Time	PSI	BBLs
					0	4:22	40	0		0		0		0
					10	4:24	30	10		10		10		10
					20	4:26	30	20		20		20		20
					30	4:28	450	30		30		30		30
					40	4:30	510	40		40		40		40
					50	4:32	620	50		50		50		50
					60	4:34	670	60		60		60		60
					70	4:36	560	70		70		70		70
					80	4:39	520	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

Notes:

used 50% excess 417 sbs cement 94.3 BBLs slurry  
 Backup Plug At 4:35 am 750 psi

X   
 Work Performed

X Wellpoint Supervisor   
 Title

X 6-1-13   
 Date



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**Cementing Customer Satisfaction Survey**

Service Date	<u>6-4-13</u>	Invoice Number	<u>11954</u>
Invoice Amount	_____	Well Permit Number	_____
Well Name	<u>Jone</u>	Well Type	<u>Gas</u>
Well Location	<u>22-31</u>	Well Number	<u>10-104</u>
County	<u>weld</u>	Lease	_____
SEC/TWP/RNG	<u>10-2N-66W</u>	Job Type	<u>Surface Pipe</u>
State	<u>CO</u>	Company Name	<u>Everman</u>
Supervisor Name	<u>Kirk</u>	Customer Representative	<u>Kaleb</u>
		Customer Phone Number	_____

Employee Name	Exposure Hours (Per Employee)
<u>Pablo</u>	<u>3.5</u>
<u>Chris</u>	<u>3.5</u>
_____	_____
_____	_____
_____	_____
Total Exposure Hours	_____

Did we encounter any problems on this job? Yes / No

**To Be Completed By Customer**

- |  |                         |
|--|-------------------------|
| <b>Rating/Description</b>  | <b>Opportunity</b>      |
| 5 - Superior Performance ( Established new quality / performance standards )       | Best Practices          |
| 4 - Exceeded Expectations ( Provided more than what was required / expected )      | Potential Best Practice |
| 3 - Met Expectations ( Did what was expected )                                     | Prevention/Improvement  |
| 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

<b>RATING / CATEGORY</b>	<b>CUSTOMER SATISFACTION RATING</b>
<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>5</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?

**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:  
Great Job

THE INFORMATION HEREIN IS CORRECT -

[Signature] \_\_\_\_\_ Date 6-4-13

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 119.54

Date 6-4-13 Time 3:10  AM  PM Meeting Facilitator Kirk Kallhoff  
 Facility Name and Location Zone 1C-104 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)**

- |   |  |   |   |
|---|--|---|---|
| <b>Eyes/Face</b>                            | <b>Hands</b>                                       | <b>Feet</b>                               | <b>Other</b>  |
| <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>Kirk Kallhoff</u>	<u>Erica Balle</u>
<u>Cyrus Olsen</u> <u>Bison</u>	<u>Shane</u>
<u>Abel Sanchez</u> <u>Bison</u>	<u>Brandon</u>
<u>Ensign</u> <u>Brandon Andrews</u>	<u>Cory</u>
<u>Ensign</u> <u>Jayden Bell</u>	<u>Shane</u> <u>Brandon</u> <u>Tech Staff</u>

Other Considerations and Field Notes: