

**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)**



№ 11954

WELL NO. AND FARM Done 1C-10H		COUNTY weld	STATE CO	DATE 6-4-13	
CHARGE TO Eucanga		WELL LOCATION SEC. 10 TWP. 22N RANGE 66W		CONTRACTOR Ensign 124	
			DELIVERED TO 22-31	LOCATION 1 shop	CODE
			SHIPPED VIA 3/03-3703	LOCATION 2 22-31	CODE
			TYPE AND PURPOSE OF JOB Surface Pipe	LOCATION 3 shop	CODE
				WELL TYPE 645	CODE

PRICE REFERENCE	DESCRIPTION	UNITS		UNIT PRICE	AMOUNT	
		QTY.	MEAS.			
	Pump charge	1	each	1400 <sup>00</sup>	1400	00
	BFA III 3% BCCA-1 251SS per SK BFLA=1	417	SLS	22 <sup>45</sup>	9361	65
	milage 4 <sup>00</sup> per mile 6 mile min Round trip Trucks	2	each	240 <sup>00</sup>	480	00
	milage 1 <sup>50</sup> per mile 6 mile min Round trip Pickup	1	each	90 <sup>00</sup>	90	00
	Blue Dye	10	OZ	15 <sup>00</sup>	150	00
	BCLK1	3	Gals	25 <sup>00</sup>	75	00
	Data Acc	1	each	225 <sup>00</sup>	225	00
	Sugar	100	Lbs	2 <sup>00</sup>	200	00
	</					

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%**.

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

**DJ Basin**

Well: Zone 1C-10H

AFE. 13172646

Major/Minor CC: 8715.618

Signature: *Calvin Harris*

**Approver:**

Customer or His Agent

**"TAXES WILL BE ADDED AT CORPORATE OFFICE"**

## TAX REFERENCES

**SUB TOTAL**

TAX

**TOTAL**

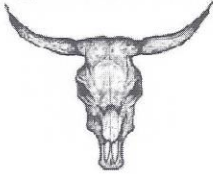
**SUBJECT TO CORRECTION**

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		Kaleb			
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		
12 1/4			BFNT III 34% BCLA-1, 25 lbs per sack BFLA-1		
TOTAL DEPTH	TUBING DEPTH	SHOTS/FT	Cement - Specs	lbs	Yield
1023				15.2	1.27
CASING SIZE	TUBING WEIGHT	OPEN HOLE	Annulus Factor	Capacity Factor	
9 5/8			3131	10758	
CASING DEPTH	TUBING CONDITION	TREATMENT VIA	TYPE OF TREATMENT		
1013			<input checked="" type="checkbox"/> Surface Pipe <input type="checkbox"/> MISC Pump <input type="checkbox"/> Production <input type="checkbox"/> Squeeze <input type="checkbox"/> P&A		
CASING WEIGHT	PACKER DEPTH		HYD HHP = RATE X PRESSURE / 40.8		
4015			% Excess: 50% BBL to Pit: 23 BBLs		
CASING CONDITION	Good				
Max Rate					
Max Pressure					

## DESCRIPTION OF JOB EVENTS

Set plug, meeting, Rig up, PSI test, Per cement Circ 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, Pump Plug at 150 PSI over Lift PSI, wait 5 min Release PSI, work up Rig Down.

X

Authorization To Proceed

Title

Well Sight Supervisor

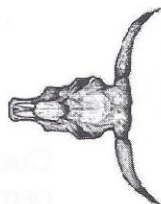
X 6-4-13  
Date

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INVOICE #  
LOCATION  
FOREMAN

11454  
22-31  
K1112

Treatment Report Page 2

## DESCRIPTION OF JOB EVENTS

Safety Meeting	3:10	Displace 1			Displace 2			Displace 3			Displace 4			Displace 5		
MIRU	2:30	BBLS	Time	PSI	BBLS	Time	PSI	BBLS	Time	PSI	BBLS	Time	PSI	BBLS	Time	PSI
CIRCULATE Drop Plug	3:50	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	540	40			40			40			40		
M & P		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		
4:19 stop		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  
Bump Plug At 4:35 gm 750 psi

X   
Work Preformed

X Well Site Supervisor  
Title

X 6-1-13  
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 6-4-13  
Invoice Amount \_\_\_\_\_  
Well Name Jone  
Well Location 22-31  
County weld  
SEC/TWP/RNG 10-2N-66W  
State CO  
Supervisor Name Kirk

Invoice Number 11954  
Well Permit Number \_\_\_\_\_  
Well Type Gas  
Well Number 10-104  
Lease \_\_\_\_\_  
Job Type Surface Pipe  
Company Name Enron  
Customer Representative Kaleb  
Customer Phone Number \_\_\_\_\_

Employee Name

Exposure Hours (Per Employee)

Pablo  
Chris  
\_\_\_\_\_

3.5  
3.5  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 -
- 5 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?

#### 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]

6-4-13  
Date

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 Kallhof  
Facility Name and Location Zone 1C-10H 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 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 Kallhof</u>	<u>Erica Bala Hottel</u>
<u>Chris Olsen Bisan</u>	<u>Gregory Bala</u>
<u>Abel Sanchez Bisan</u>	<u>_____</u>
<u>Ensign Brandon Andrews</u>	<u>Ensign Cory Jace Bredy</u>
<u>Ensign Jayden Bell</u>	<u>Shane Brantley Tech Staff</u>

Other Considerations and Field Notes: