

# 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 12399**

WELL NO. AND FARM <i>IONE 1F-10H</i>		COUNTY <i>Weld</i>	STATE <i>Colo.</i>	DATE <i>7-10-13</i>
CHARGE TO <i>ENCANA</i>		WELL LOCATION SEC. <i>10</i> TWP. <i>2N</i> RANGE <i>66W</i>		CONTRACTOR <i>Ensign Rig 124</i>
		DELIVERED TO <i>WCR 22+31</i>	LOCATION <i>1 Shop</i>	CODE
		SHIPPED VIA <i>3106/3211</i>	LOCATION <i>2 WCR 22+31</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 00</i>
	<i>BFN III 3% BCCA-1.25 16/64 BFLA-1</i>	<i>442</i>	<i>SK.</i>	<i>22.45</i>	<i>9922 90</i>
	<i>BCLY-1</i>	<i>3</i>	<i>QT.</i>	<i>25.00</i>	<i>75 00</i>
	<i>Blue Dye</i>	<i>16</i>	<i>OZ.</i>	<i>15.00</i>	<i>240 00</i>
	<i>Truck Mileage 4.00 mile 60 mile min. Round Trip</i>	<i>2</i>	<i>EA.</i>	<i>240.00</i>	<i>480 00</i>
	<i>Pickup Mileage 1.50 mile 60 mile min. Round Trip</i>	<i>1</i>	<i>EA.</i>	<i>90.00</i>	<i>90 00</i>
	<i>Data Int.</i>	<i>1</i>	<i>EA.</i>	<i>225.00</i>	<i>225 00</i>
	<b>Encana Oil &amp; Gas (USA) Inc.</b> <b>DJ Basin</b> <b>Well: IONE 1F 10H</b> <b>AFE: 13172649</b> <b>Major/Minor CC: 8715, 618</b> <b>Signature: <i>Michael Rowe</i></b> <b>Approver: <i>RE DM \$12,432.90</i></b>				
	<i>SUGAR</i>	<i>16.</i>		<i>2.00</i>	<i>0</i>
	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

*Thanks Calvin*

"TAXES WILL BE ADDED AT CORPORATE OFFICE"

SUB TOTAL

*12,432.90*

TAX

TOTAL

SUBJECT TO CORRECTION

*Michael Rowe*

Customer or His Agent

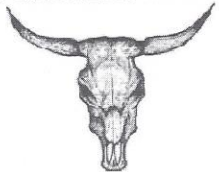
*Calvin Z. R.*

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

12399  
22+31  
Calvin Reimers

## TREATMENT REPORT

DATE	WELL NAME	SECTION	TWP	RGE	COUNTY
7-10-13	IONE 1F-10H	10	2N	66W	Weld
BILL TO		CONSULTANT			
ENCANA		Mike			
OWNER		RIG NAME & NUMBER			
ENCANA		Ensign Rig 124			
MAILING ADDRESS		DISTANCE TO LOCATION		UNITS ON LOCATION	
		21 miles		3106/3211	
CITY		TIME REQUESTED		TIME ARRIVED ON LOCATION	
		10:00 AM		8:40 AM	
STATE, ZIP		TIME LEFT LOCATION			
		2:00 PM			
WELL DATA			Cement Makeup		
HOLE SIZE	TUBING SIZE	PERFORATIONS	Cement Blend		
12 1/4			BFN III 3% BCCA-1.25146K BFLA-1		
			Cement - Specs	lbs	Yield
				15.2	1.27
TOTAL DEPTH	TUBING DEPTH	SHOTS/FT	Water Requirements		
1016			5.89		
			Annulus Factor	Capacity Factor	
			1.3131	.0758	
CASING SIZE	TUBING WEIGHT	OPEN HOLE	TYPE OF TREATMENT		
9 5/8			<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	HYD HHP = RATE X PRESSURE / 40.8		
1009.68					
CASING WEIGHT	PACKER DEPTH		% Excess		
40 lb.			50		
CASING CONDITION			BBL to Pit		
Good			19		
Max Rate					
Max Pressure					
6					
2500					

## DESCRIPTION OF JOB EVENTS

Misc. Safety meeting, Psi Test to 1000 Psi, Circ 30 bbls. H<sub>2</sub>O with KCL + Blue Dye 16 in 2nd 10 bbls, Mix + pump 50% Excess = 442 sks, 99.97 bbls. Slurry at 15.2 lbs. 1.27 yield, Drop plug, Displace 73.1 bbls H<sub>2</sub>O, Bump plug at 500 Psi over Lift Psi, Wait 5 min. then bleed off Psi, Washup, Rig down,

X Mike R  
Authorization To Proceed

DSM  
Title

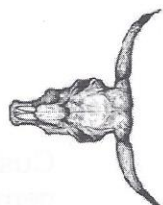
X 7-10-13  
Date

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

12399  
22431  
Calvin Reimers

Treatment Report Page 2

## DESCRIPTION OF JOB EVENTS

Safety Meeting	11:42am	Displace 1		Displace 2		Displace 3		Displace 4		Displace 5		Displace 5	
	11:00am	BLS	Time	PSI	BLS	Time	PSI	BLS	Time	PSI	BLS	Time	PSI
MIRU	12:29pm	0	12:54pm	40	0			0			0		
CIRCULATE		10	12:57pm	130	10			10			10		
Drop Plug		20	12:58pm	250	20			20			20		
		30	1:01pm	340	30			30			30		
		40	1:02pm	370	40			40			40		
		50	1:04pm	440	50			50			50		
M & P		60	1:06pm	500	60			60			60		
		70	1:08pm	460	70			70			70		
		80	1:10pm	430	80			80			80		
		90	Bump 970		90			90			90		
		100			100			100			100		
		110			110			110			110		
		120			120			120			120		
		130			130			130			130		
		140			140			140			140		
		150			150			150			150		

Notes:

Float Held

USED 50 lb Excess = 442 sks, 99.97 bbls Slurry

19 bbls Slurry Back to Surface

X Maill Dur Title 7-10-13 X 7-10-13



Bison Oil Well Cementing, Inc  
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www.Bisonoilwell.com

### Cementing Customer Satisfaction Survey

Service Date 7-10-13 Invoice Number 12399  
Invoice Amount \_\_\_\_\_ Well Permit Number \_\_\_\_\_  
Well Name TONE Well Type GAST OIL  
Well Location WCR 22+31 Well Number 1F-10H  
County Weld Lease \_\_\_\_\_  
SEC/TWP/RNG 10-2N-66W Job Type SURFACE PIPE  
State COLO. Company Name ENCANA  
Supervisor Name CALVIN REIMERS Customer Representative MIKE  
Customer Phone Number \_\_\_\_\_

Employee Name

Exposure Hours (Per Employee)

CHRIS O.  
RANDY L.

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

- 5 Personnel -
- 5 Equipment -
- 5 Job Design -
- 5 Product / Material -
- 5 Health & Safety -
- 5 Environmental -
- 5 Timeliness -
- 5 Condition / Appearance -
- 5 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?

THE INFORMATION HEREIN IS CORRECT -

Michael Rose

Customer Representative's Signature

7-10-13  
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 12399

Date 7-10-13 Time 11:42 ☒ AM ☐ PM Meeting Facilitator CALVIN REIMERS  
Facility Name and Location ZONE 1F-10H 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<br><input type="checkbox"/> Falling from Heights<br><input checked="" type="checkbox"/> Slips/Trips/Falls<br><input type="checkbox"/> Extreme Heat/Cold<br><input type="checkbox"/> Electrical Current<br><input type="checkbox"/> Overexertion/Heavy Lifting<br><input type="checkbox"/> Spills/Releases<br><input type="checkbox"/> Flying Particles<br><input type="checkbox"/> Overhead Power Lines | <input checked="" type="checkbox"/> Job Safety Analysis Reviewed (if applicable)<br><input type="checkbox"/> NORM or Other Radiation<br><input checked="" type="checkbox"/> Overhead work/suspended Loads/Chains/Slings<br><input checked="" type="checkbox"/> Trapped Pressure<br><input type="checkbox"/> Flammable/Combustible/Explosives<br><input checked="" type="checkbox"/> Pinch Points/Moving/Rotating Equipment<br><input type="checkbox"/> Waste Handling/Disposal<br><input checked="" type="checkbox"/> Excavation Collapse<br><input type="checkbox"/> | <input type="checkbox"/> Hazardous Substance<br><input type="checkbox"/> Hazardous Atmosphere<br><input checked="" type="checkbox"/> Walking/Working Surfaces<br><input type="checkbox"/> Noise Levels<br><input type="checkbox"/> Sharp Edges<br><input type="checkbox"/> Insects/Snakes/etc.<br><input type="checkbox"/> MSDS's Reviewed<br><input checked="" type="checkbox"/> Walk Around Site Assessment<br><input type="checkbox"/> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### ADDITIONAL PPE REQUIREMENT (based on the job specific hazards, check all that apply)

- |                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                     |                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Eyes/Face</b><br><input type="checkbox"/> Tinted Lenses<br><input type="checkbox"/> Goggles<br><input type="checkbox"/> Faceshield<br><input type="checkbox"/> Hearing Protection<br><input type="checkbox"/> | <b>Hands</b><br><input type="checkbox"/> Chemical Resistant Gloves<br><input type="checkbox"/> Heat Resistant Gloves<br><input type="checkbox"/> Cotton or Leather Gloves<br><input type="checkbox"/> Dielectric Gloves<br><input type="checkbox"/> | <b>Feet</b><br><input type="checkbox"/> Rubber Boots<br><input type="checkbox"/> Over Boots<br><input type="checkbox"/> Dielectric Boots<br><input type="checkbox"/> | <b>Other</b><br><input type="checkbox"/> Air Purifying Respirator<br><input type="checkbox"/> Supplied Air Respirator<br><input type="checkbox"/> Personal H2S Monitor (if in sour area)<br><input type="checkbox"/> Chemical Resistant Clothing<br><input type="checkbox"/> Personal Fall Arrest Systems<br><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>Andrew Richardson</u> ENSIGN
<u>Chris Olsen</u> BISON	<u>Dwight Allen</u> ENSIGN
<u>Paul Paul</u> BISON	<u>Brenda Andrews</u>
<u>Frederick Ensign</u>	<u>John Smith</u>
<u>Shane Bradley</u> - Reliable	

Other Considerations and Field Notes:

AM  
DB & J.R.  
Michael  
John

MB  
Wise

7-10-13  
TONE 1F-10 H  
ENGIN 124

### M/D TOTCO 2000 SERIES

