

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

№ 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>
		SHIPPED VIA <i>3106/3211</i>		LOCATION <i>2 WCR 22+31</i>
		TYPE AND PURPOSE OF JOB <i>SURFACE PIPE</i>		LOCATION <i>3 Shop</i>
				WELL TYPE <i>Gas+Oil</i>

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 166K 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>
	<i>SUGAR</i>	<i>16</i>	<i>EA.</i>	<i>2.00</i>	<i>32 00</i>

Encana Oil & Gas (USA) Inc.

DJ Basin

Well: *IONE 1F 10H*

AFE: *13172649*

Major/Minor CC: *8715, 618*

Signature: *Michael Rowe*

Approver: *RC DM \$12,432.90*

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

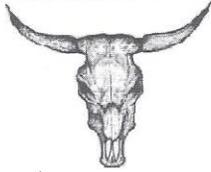
Calvin R.

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
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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 AM				
WELL DATA			Cement Makeup		
HOLE SIZE	TUBING SIZE	PERFORATIONS	Cement Blend		
12 1/4			BFN III 3% BCCA-1.25 1/2 BFLA-1		
TOTAL DEPTH	TUBING DEPTH	SHOTS/FT	Cement - Specs	lbs	Yield
1016				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		
1009.68			<input checked="" type="checkbox"/> Surface Pipe	<input type="checkbox"/> Production	<input type="checkbox"/> Squeeze
CASING WEIGHT	PACKER DEPTH		<input type="checkbox"/> MISC Pump	<input type="checkbox"/> P&A	
40 lb.			HYD HHP = RATE X PRESSURE / 40.8		
CASING CONDITION	Good				
Max Rate	6				
Max Pressure	2500				
% Excess	50				
BBL to Pit	19				

DESCRIPTION OF JOB EVENTS

Mix, Safety meeting, Psi Test to 1000 Psi, Circ 30 bbls. H₂O 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 H₂O, Bump plug at 500 Psi over Lift Psi, Wait 5 min. then bleed off Psi, Washup, Rig down,

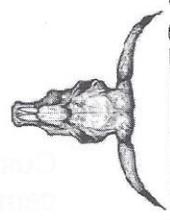
X Michelle R...
 Authorization To Proceed

DSM
 Title

X 7-10-13
 Date

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12399
 22431
 Calvin Remicks

Treatment Report Page 2

DESCRIPTION OF JOB EVENTS

Safety Meeting	Displace 1		Displace 2		Displace 3		Displace 4		Displace 5	
	BLS	Time	BLS	Time	BLS	Time	BLS	Time	BLS	Time
MIRU	0	12:54pm	0		0		0		0	
CIRCULATE	10	12:57pm	10		10		10		10	
Drop Plug	20	12:59pm	20		20		20		20	
	30	1:01pm	30		30		30		30	
	40	1:02pm	40		40		40		40	
	50	1:04pm	50		50		50		50	
M & P	60	1:06pm	60		60		60		60	
	70	1:08pm	70		70		70		70	
	80	1:10pm	80		80		80		80	
	90	Bump 970	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:

Float Held

USED 50% Excess = 442 sks, 99.97 bbls Slurry

19 bbls Slurry Back to Surface

X Mark A. R...

X 7-10-13

X 7-10-13

Work Performed

Title

Date



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 | Opportunity |
| 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

RATING / CATEGORY	CUSTOMER SATISFACTION RATING
<u>5</u> Personnel -	Did our personnel perform to your satisfaction ?
<u>5</u> Equipment -	Did our equipment perform to your satisfaction ?
<u>5</u> Job Design -	Did we perform the job to the agreed upon design ?
<u>5</u> Product / Material -	Did our products and materials perform as you expected ?
<u>5</u> Health & Safety -	Did we perform in a safe and careful manner (Pre / post mtgs, PPE, TSMR, etc..) ?
<u>5</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>5</u> Condition / Appearance -	Did the equipment condition and appearance meet your expectation?
<u>5</u> Communication -	How well did our personnel communicate during mobilization, rig up, and job execution?
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 -
Michelle Rose 7-10-13
 Customer Representative's Signature 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 | <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"/> | <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 - Bison</u>	<u>Andrew Richardson - Ensign</u>
<u>Chris Olson - Bison</u>	<u>Dwight Allen - Ensign</u>
<u>Tommy Smith - Bison</u>	<u>Brenda Andrews</u>
<u>Frederick Ensign</u>	<u>John Smith</u>
<u>Shane Bradley - Reliable</u>	

Other Considerations and Field Notes:

AM
DB J.R.
Mill Run
JK

MB
MB wise

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

M/D TOTCO 2000 SERIES

