

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)



№ 12383

WELL NO. AND FARM Tone 1 G10 H		COUNTY well	STATE CO	DATE 7-23-13	
CHARGE TO Encana		WELL LOCATION SEC. 10 TWP. 2N RANGE 66W		CONTRACTOR Engsine 124	
Encana Oil & Gas (USA) Inc. DJ Basin Well Tone 1G-10H AFE-13172645			DELIVERED TO 22+31	LOCATION 1 shop	CODE
Major/Minor Co: 8715: 618 Signature: [Signature] Approver: RC: DM			SHIPPED VIA 3103-3210	LOCATION 2 22+31	CODE
TYPE AND PURPOSE OF JOB Surface			LOCATION 3 shop	WELL TYPE Gas	CODE

PRICE REFERENCE	DESCRIPTION	UNITS		UNIT PRICE	AMOUNT	
		QTY.	MEAS.			
	Pump charge	1	ea	1400 <sup>00</sup>	1400	00
	BFN III 3% BCC-1 .25lb BFLA-1	426	Sks	22.45	9563	70
	BFLY-1	3	QT	25 <sup>00</sup>	75	00
	Blue dye	10	OZ	15 <sup>00</sup>	150	00
	Data ACC	1	ea	225 <sup>00</sup>	225	00
	millage 400 per mile 60mile min Round trip truck	2	ea	240 <sup>00</sup>	480	00
	millage 150 per mile 60mile min Road trip pu	1	ea	90 <sup>00</sup>	90	00
	Sugar	100	lb	200	200	00
	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

**SUB TOTAL**

TAX

**TOTAL**

**SUBJECT TO CORRECTION**

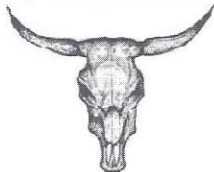
Customer or His Agent

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

12383  
2243/  
Kirk

## TREATMENT REPORT

DATE	WELL NAME	SECTION	TWP	RGE	COUNTY
7-23-13	Fone 1610 H	10	2N	66W	weld
BILL TO		CONSULTANT			
Encarta		Rich			
OWNER		RIG NAME & NUMBER			
		Engsind 24			
MAILING ADDRESS		DISTANCE TO LOCATION		UNITS ON LOCTION	
				3103-3210	
CITY		TIME REQUESTED		TIME ARRIVED ON LOCATION	
		1100 Pm		945 Pm	
STATE, ZIP		TIME LEFT LOCATION			
		330			
WELL DATA			Cement Makeup		
HOLE SIZE	TUBING SIZE	PERFORATIONS	Cement Blend		
12 1/4			BFWIA 390 BCC-1 2515 BFLA-1		
TOTAL DEPTH	TUBING DEPTH	SHOTS/FT	Cement - Specs	lbs	Yield
1022				15.2	1.27
CASING SIZE	TUBING WEIGHT	OPEN HOLE	Annulus Factor	Capacity Factor	
95/8			5258 .3131	0973 .0758	
CASING DEPTH	TUBING CONDITION	TREATMENT VIA	TYPE OF TREATMENT		
1611			<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		
40			% Excess <input type="text" value="50"/> BBL to Pit <input type="text" value="25"/>		
CASING CONDITION	<input type="text" value="Good"/>				
Max Rate	<input type="text"/>				
Max Pressure	<input type="text"/>				

## DESCRIPTION OF JOB EVENTS

safety meeting Rig up Pressure test Per Company man 30 bbls Ahead  
with dyc In 2nd 10 min + Pump 420 sks Cement drop plug + Disp 73.2  
bbls H2O bump plug 150 lbs over left pressure Release plug  
wash up Rig down

Authorization To Proceed

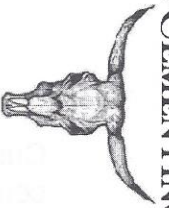
CO. Man  
Title

X 7-23-13  
Date



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INVOICE #  
LOCATION  
FOREMAN

12383  
22+31  
K.C.K.

Treatment Report Page 2

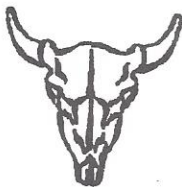
## DESCRIPTION OF JOB EVENTS

Safety Meeting	MIRU	CIRCULATE	Drop Plug	217 Am	M & P	Displace 1		Displace 2		Displace 3		Displace 4		Displace 5	
						Time	PSI	Time	PSI	Time	PSI	Time	PSI	Time	PSI
						12:30 Am	0	2:18	0	0	0	0	0	0	0
						150 Am	10	2:20	10	10	10	10	10	10	10
							20	2:22	20	20	20	20	20	20	20
							30	2:24	30	30	30	30	30	30	30
							40	2:26	40	40	40	40	40	40	40
							50	2:28	50	50	50	50	50	50	50
							60	2:31	60	60	60	60	60	60	60
							70	2:33	70	70	70	70	70	70	70
							80	2:35	80	80	80	80	80	80	80
							90		90	90	90	90	90	90	90
							100		100	100	100	100	100	100	100
							110		110	110	110	110	110	110	110
							120		120	120	120	120	120	120	120
							130		130	130	130	130	130	130	130
							140		140	140	140	140	140	140	140
							150		150	150	150	150	150	150	150

Notes:

Used 5000 excess 426 sls cement 96.3 bbls slurry 25 bbls to P.T  
Bump plug at 550 PSI at 2:35 Am

X CO man Title Date 2-23-13



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 7-23-13  
Invoice Amount None 1610 H  
Well Name None  
Well Location 22 J 31  
County weld  
SEC/TWP/RNG 10 2N 66W  
State CO  
Supervisor Name Kirk  
Employee Name \_\_\_\_\_

Invoice Number 12383  
Well Permit Number \_\_\_\_\_  
Well Type Gas  
Well Number 1610 H  
Lease \_\_\_\_\_  
Job Type surface  
Company Name Encanta  
Customer Representative Rich  
Customer Phone Number \_\_\_\_\_

Exposure Hours (Per Employee)

5.75  
5.75

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

- |                                   |  |
|-----------------------------------|--|
| <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>4</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?             |
| Improvement -                     | What can we do to improve our service?   |

#### Please Circle:

#### 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?

- ☒ 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 -

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 12383

Date 7-23-13 Time 145 ☒ AM ☐ PM Meeting Facilitator Monty Bednar  
Facility Name and Location Engsin 124 22+31 Work to be Undertaken Surface  
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 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>Monty Bednar</u>	<u>John Bednar</u>
<u>Paul Bednar</u>	<u>John Bednar</u>
<u>John Bednar</u>	<u>John Bednar</u>
<u>John Bednar</u>	<u>John Bednar</u>

Other Considerations and Field Notes:

# M/D TOTCO 2000 SERIES

