

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)



№ 11990

WELL NO. AND FARM TONE 1D-10H		COUNTY Weld	STATE Colo.	DATE 6-16-13	
CHARGE TO ENCANA		WELL LOCATION SEC. 10 TWP. 2N RANGE 66W		CONTRACTOR Ensign Rig 124	
		DELIVERED TO WCR 22+31		LOCATION 1 Shop	CODE
		SHIPPED VIA 3106/3206		LOCATION 2 WCR 22+31	CODE
		TYPE AND PURPOSE OF JOB SURFACE PIPE		LOCATION 3 Shop	CODE
				WELL TYPE GAS	CODE

PRICE REFERENCE	DESCRIPTION	UNITS		UNIT PRICE	AMOUNT	
		QTY.	MEAS.			
	Pump Charge	1	EA.	1400.00	1400	00
	BENTONITE 3% BCCA-1.25 lb/sk BFLA-1	417	SK.	22.45	9361	65
	BCLY-1	3	QT.	25.00	75	00
	Blue Dye	16	OZ.	15.00	240	00
	TRUCK Mileage 4.00 mile 60 mile min Round Trip	2	EA.	240.00	480	00
	Pickup Mileage 1.50 mile 60 mile min. Round Trip	1	EA.	90.00	90	00
	Data Int.	1	EA.	225.00	225	00
	SUGAR	50	Lb.	2.00	100	00
	Waiting Time	2	Hr.	250.00	500	00
	Total Weight		Ton			
	Loaded Miles		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

**SUB TOTAL**

TAX

TOTAL

**SUBJECT TO CORRECTION**

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

## DJ Basin

Well, Ione 1D-104

AFE: 13172648

Major/Minor CC: 8715.618

## Summary

Customer or His Agent

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

RCKB.

\$12,741

65

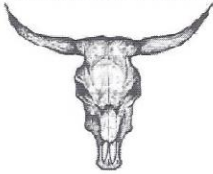
Bison Oil Well Cementing, Inc. Representative

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

11990

22+31

Calvin Remmers

## TREATMENT REPORT

DATE	WELL NAME	SECTION	TWP	RGE	COUNTY
6-16-13	IONE 10-10H	10	2N	66W	Weld
BILL TO		CONSULTANT			
ENCANA		Rich			
OWNER		RIG NAME & NUMBER			
ENCANA		Ensign Rig 124			
MAILING ADDRESS		DISTANCE TO LOCATION		UNITS ON LOCATION	
		21 miles		3106/3206	
CITY		TIME REQUESTED		TIME ARRIVED ON LOCATION	
		2:45 am.		2:10 am	
STATE, ZIP		TIME LEFT LOCATION			
		8:45 am.			
WELL DATA			Cement Makeup		
HOLE SIZE	TUBING SIZE	PERFORATIONS	Cement Blend	BFLA III 3% BFLA-1 .25165 BFLA-1	
12 1/4			Cement - Specs	lbs	Yield
				15.2	1.27
TOTAL DEPTH	TUBING DEPTH	SHOTS/FT	Annulus Factor	Capacity Factor	
1022			.3131	.0758	
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			
1012.07					
CASING WEIGHT	PACKER DEPTH				
40 lb.					
CASING CONDITION	Good				
Max Rate	7				
Max Pressure	2500				

## DESCRIPTION OF JOB EVENTS

Miru, Safety meeting, Ps: Test To 500 Psi, Circ 30 bbls, H<sub>2</sub>O with KCL + Blue Dye 16 in 2nd 10 bbls, Mix + pump 40 % Excess = 417 sks, 94.32 bbls slurry at 15.2 lb. 1.27 yield, Drop plug, Displace 73.3 bbls H<sub>2</sub>O, Bump plug at 150 Psi over Lift Psi, wait 5 min. then bleed off Psi, Washup, Rig down

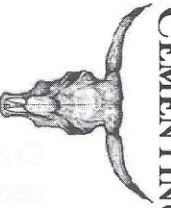
X Leonard Clark  
Authorization To Proceed

DSM  
Title

X 6-16-13  
Date

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INVOICE #  
LOCATION  
FOREMAN

11990  
22+31  
Calvin Keimier

Treatment Report Page 2

## DESCRIPTION OF JOB EVENTS

Safety Meeting	Displace 1	Displace 2	Displace 3	Displace 4	Displace 5	Displace 5
MIRU	Displace 1	Displace 2	Displace 3	Displace 4	Displace 5	Displace 5
CIRCULATE	Displace 1	Displace 2	Displace 3	Displace 4	Displace 5	Displace 5
Drop Plug	Displace 1	Displace 2	Displace 3	Displace 4	Displace 5	Displace 5
7:15 am	Displace 1	Displace 2	Displace 3	Displace 4	Displace 5	Displace 5
M & P	Displace 1	Displace 2	Displace 3	Displace 4	Displace 5	Displace 5
Time	Sacks	Time	Time	Time	Time	Time
6:07 am	417	7:16 am	6:0	0	0	0
4:55 am	0	7:18 am	110	10	10	10
6:43 am	10	7:20 am	230	20	20	20
	20	7:22 am	340	30	30	30
	30	7:24 am	390	40	40	40
	40	7:26 am	470	50	50	50
	50	7:27 am	520	60	60	60
	60	7:28 am	470	70	70	70
	70	7:30 am	450	80	80	80
	80	7:32 am	660	90	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 410% Excess = 417 SKS, 94.32 bbls Slurry

20 bbls Slurry to Surface

X Deborah Plank  
Work Performed

X 6-16-2013  
Title

X 6-16-13  
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 6-16-13  
Invoice Amount \_\_\_\_\_  
Well Name JONE  
Well Location WCR 22+31  
County Weld  
SEC/TWP/RNG 10-2N-66W  
State Colo.  
Supervisor Name CALVIN REIMERS

Invoice Number 11990  
Well Permit Number \_\_\_\_\_  
Well Type GAS  
Well Number 1D-1014  
Lease \_\_\_\_\_  
Job Type SURFACE PIPE  
Company Name ENCHANA  
Customer Representative Rich  
Customer Phone Number \_\_\_\_\_

Employee Name

MONTE B.  
KIRK C.

Exposure Hours (Per Employee)

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 -
- 4 Health & Safety -
- 4 Environmental -
- 5 Timeliness -
- 4 Condition / Appearance -
- 5 Communication -
- 5 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?

Good Job!

THE INFORMATION HEREIN IS CORRECT -

Leonard Clark  
Customer Representative's Signature

6-16-13  
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 11990

Date 6-16-13 Time 6:07 ☒ AM ☐ PM Meeting Facilitator CALVIN REIMERS  
 Facility Name and Location ZONE 1D-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)

<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>Calvin Reimers</u> - BISON	<u>Monte Barber</u> - BISON
<u>Mike Alexander</u> - WISE	<u>Paul Patrick</u> - WISE
<u>H.C. Williams</u> - WISE	<u>Edward Clark</u> - WISE
<u>Chris Baker</u> - WISE	<u>Shane Bradley</u> - WISE

Other Considerations and Field Notes:

Shane Bradley  
Chris Baker



Ensign 124  
TONE 1D-10H  
6-16-13

## M/D TOTCO 2000 SERIES

