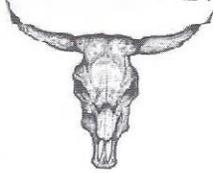


BISON OIL WELL CEMENTING, INC.

1547 Gaylord Street
 Denver, Colorado 80206
 Phone: 303-296-3010
 Fax: 303-298-8143
 E-mail: bisonoil1@qwestoffice.net



LOCATION
 FOREMAN

28+31
 north

TREATMENT REPORT

DATE	WELL NAME	SECTION	TWP	RGE	COUNTY
9-2-13	Devore 16-34H	34	3N	66W	Weld
BILL TO	CONSULTANT				
Encanta	Calib				
OWNER	RIG NAME & NUMBER				
	Patterson 272				
MAILING ADDRESS	DISTANCE TO LOCATION		UNITS ON LOCATION		
	185		3106 3210		
CITY	TIME REQUESTED		TIME ARRIVED ON LOCATION		
	530		430		
STATE, ZIP	TIME LEFT LOCATION				
	1030				

WELL DATA

HOLE SIZE	TUBING SIZE	PERFORATIONS
12 1/4		
TOTAL DEPTH	TUBING DEPTH	SHOTS/FT
1014		
CASING SIZE	TUBING WEIGHT	OPEN HOLE
9 5/8		
CASING DEPTH	TUBING CONDITION	TREATMENT VIA
1004		
CASING WEIGHT	PACKER DEPTH	
40		
CASING CONDITION	600d	
Max Rate		
Max Pressure		

Cement Makeup

Cement Blend	BFN III 3% BCC - 1.2516 BFLA-1		
Cement - Specs	lbs	Yield	Water Requirements
	15.2	1.27	5.89
Annulus Factor	Capacity Factor		
.3131	0.0758 0.0758		

TYPE OF TREATMENT

Surface Pipe Production Squeeze
 MISC Pump P&A

HYD HHP = RATE X PRESSURE / 40.8

% Excess 25.4 0%
 BBL to Pit 27

DESCRIPTION OF JOB EVENTS

safety meeting mFRU Pressure test Per Company man Circulate 30 bbls
 Ahead with Dye In 2nd ID mix + Pump 420 SKS cement ^{at 40% excess} Drop
 Plug + Disp ~~72.6~~ bbls H₂O Bump Plug 150 pst above 1. ft
 Pressure Hold 5m.n Release Pressure wash up Rig down

Leonard Clark

X Leonard Clark
 Authorization To Proceed

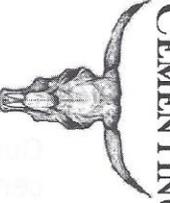
Drill Site Manager.
 Title

X 9-2-13
 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

12695
 28431
 macke

Treatment Report Page 2

DESCRIPTION OF JOB EVENTS

Safety Meeting	810A	Displace 1			Displace 2			Displace 3			Displace 4			Displace 5			Displace 5			
		BLS	Time	PSI	BLS	Time	PSI	BLS	Time	PSI	BLS	Time	PSI	BLS	Time	PSI	BLS	Time	PSI	
MIRU	850A																			
CIRCULATE	845A	0	915	100	0		0		0		0		0		0		0		0	
Drop Plug		10	917	100	10		10		10		10		10		10		10		10	
		20	919	140	20		20		20		20		20		20		20		20	
		30	921	230	30		30		30		30		30		30		30		30	
		40	923	330	40		40		40		40		40		40		40		40	
		50	925	420	50		50		50		50		50		50		50		50	
M & P		60	927	460	60		60		60		60		60		60		60		60	
		70	929	410	70		70		70		70		70		70		70		70	
850A	375	70	928	410	80		80		80		80		80		80		80		80	
910A stop		90			90		90		90		90		90		90		90		90	
		100			100		100		100		100		100		100		100		100	
		110			110		110		110		110		110		110		110		110	
		120			120		120		120		120		120		120		120		120	
		130			130		130		130		130		130		130		130		130	
		140			140		140		140		140		140		140		140		140	
		150			150		150		150		150		150		150		150		150	

Notes:

circulate 306bbls H₂O with dye in 2nd ID m₂ + Pump 375 sacks cement at 2507b express
 1.27yeld 15.2bls 5.89H₂O drop plug + disp 72.6bbls H₂O bump plug at 932am at 6101b
 Hold 5 min Release pressure work up Rig down

X Demond Clark
 Work Performed

X Drill Site Manager
 Title

X 9-2-13
 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 9-2-13 Invoice Number 12655
 Invoice Amount _____ Well Permit Number _____
 Well Name Devore 1G-34H Well Type Gas
 Well Location 28+31 Well Number 1G-34H
 County Weld Lease _____
 SEC/TWP/RNG 34 3N 66W Job Type Surface
 State CO Company Name Encanta
 Supervisor Name mate Customer Representative Calib
 Customer Phone Number _____

Employee Name mate
Stevan

Exposure Hours (Per Employee)
5
5

Total Exposure Hours 10 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>4</u> Personnel -	Did our personnel perform to your satisfaction ?
<u>4</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>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>5</u> Timeliness -	Was job performed as scheduled(On time to site, accessible to customer,completed when expected)?
<u>3</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?
<u>None</u> 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?

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:
Job went textbook as planned. Thanks.

THE INFORMATION HEREIN IS CORRECT -
Leonard Clark _____ Date 9-2-13
 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 12155

Date 9-2-13 Time 8:50 AM PM Meeting Facilitator Monte Belay
 Facility Name and Location Devore IG-34H Work to be Undertaken Surface
 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 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 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 checked="" 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 type="checkbox"/> Excavation Collapse | <input 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"/> 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>Monte Belay</u>	<u>Justin [Signature]</u>
<u>Steven [Signature] Biron</u>	<u>[Signature]</u>
<u>Mark [Signature] Biron</u>	<u>[Signature]</u>
<u>Walter [Signature] Wise</u>	<u>CHAD RONNING</u>
<u>Brett [Signature] Wise</u>	

Other Considerations and Field Notes:

Leonard Clark

[Signature]

[Signature]



Bison Oil Well Cementing Single Cement Surface Pipe

Invoice # 12655
 API# 445564
 Foreman: monte

Customer: encanta
Well Name: devore 1g-34h

County: Weld
 State: Colorado
 Sec: 34
 Twp: 3n
 Range: 66w

Consultant: calib
 Rig Name & Number: patterson 272
 Distance To Location: 15.5
 Units On Location: 3106 & 3210
 Time Requested: 530
 Time Arrived On Location: 430
 Time Left Location: 1030

WELL DATA

Casing Size OD (in) : 9.6250
 Casing Weight (lb) : 40
 Casing Depth (ft.) : 1,004
 Total Depth (ft) : 1014
 Open Hole Diameter (in.) : 12.25
 Conductor Length (ft) : 100
 Conductor ID : 16
 Shoe Joint Length (ft) : 45
 Landing Joint (ft) : 29
 Max Rate:
 Max Pressure:

Cement Data

Cement Name: BFN III
 Cement Density (lb/gal) : 15.2
 Cement Yield (cuft) : 1.274
 Gallons Per Sack: 5.89
 % Excess: 25%
 Displacement Fluid lb/gal: 8.3
 BBL to Pit:
 Fluid Ahead (bbls): 74.9
 H2O Wash Up (bbls): 20.0
 Spacer Ahead Makeup
10 fresh 10 dye 10 fresh

Casing ID

8.835

Casing Grade

J-55 only used

Calculated Results

cuft of Shoe 19.16 **cuft**
 (Casing ID Squared) X (.005454) X (Shoe Joint ft)

cuft of Conductor 89.10 **cuft**
 (Conductor Width Squared) -(Casing Size OD Squared) X (.005454) X (Conductor Length ft)

cuft of Casing 274.16 **cuft**
 (Open Hole Squared)-(Casing Size Squared) X (.005454) X (Casing Depth - Conductor Length - Landing Joint)

Total Slurry Volume 382.41 **cuft**
 (cuft of Shoe) + (cuft of Conductor) + (cuft of Casing)

bbls of Slurry 85.13 **bbls**
 (Total Slurry Volume) X (.1781) X (% Excess Cement)

Sacks Needed 375 **sk**
 (Total Slurry Volume) ÷ (Cement Yield) X (% Excess Cement)

Mix Water 52.62 **bbls**
 (Sacks Needed) X (Gallons Per Sack) ÷ 42

Displacement: 74.88 **bbls**
 (Casing ID Squared) X (.0009714) X (Casing Depth + Landing Joint - Shoe Joint)

Pressure of cement in annulus

Hydrostatic Pressure: 792.76 **PSI**

Pressure of the fluids inside casing

Displacement: 413.50 **psi**

Shoe Joint: 35.53 **psi**

Total 449.03 **psi**

Differential Pressure: 343.72 **psi**

Collapse PSI: 2570.00 **psi**

Burst PSI: 3950.00 **psi**

Total Water Needed: 147.50 **bbls**

X Leonard Clout
 Authorization To Proceed

Customers hereby acknowledges and specifically agrees to the terms and condition on this work order, including, without limitation, the provisions on this work order.