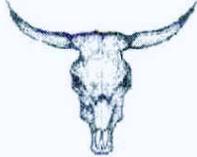




# BISON OIL WELL CEMENTING, INC.

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



INVOICE #  
 LOCATION  
 FOREMAN

11797  
 34/HH  
 Jon

## TREATMENT REPORT

DATE	WELL NAME	SECTION	TWP	RGE	COUNTY
5/14/13	Agnas Friendly #1				Washington
BILL TO	CONSULTANT				
NEBCO	bary				
OWNER	RIG NAME & NUMBER				
	Necco 8				
MAILING ADDRESS	DISTANCE TO LOCATION		UNITS ON LOCATION		
	60 min		4009, 3101, 119		
CITY	TIME REQUESTED		TIME ARRIVED ON LOCATION		
	8:00		7:30		
STATE, ZIP	TIME LEFT LOCATION				

### WELL DATA

HOLE SIZE	TUBING SIZE	PERFORATIONS
12 1/4		
TOTAL DEPTH	TUBING DEPTH	SHOTS/FT
235		
CASING SIZE	TUBING WEIGHT	OPEN HOLE
8 5/8		
CASING DEPTH	TUBING CONDITION	TREATMENT VIA
211		
CASING WEIGHT	PACKER DEPTH	
24		
CASING CONDITION	New	
Max Rate	4 bbl	
Max Pressure	1000	

### Cement Makeup

Cement Blend	50/50 poz, 3% cca, 1/4 celastake		
Cement - Specs	lbs	Yield	Water Requirements
	15.2	1.07	4.2
Annulus Factor	Capacity Factor		
.4127	.0636		

### TYPE OF TREATMENT

Surface Pipe     Production     Squeeze  
 MISC Pump     P&A

HYD HHP = RATE X PRESSURE / 40.8

% Excess	51
BBL to Pit	13

### DESCRIPTION OF JOB EVENTS


X G. E. Neill  
 Authorization To Proceed

\_\_\_\_\_  
 Title

X \_\_\_\_\_  
 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.

INVOICE #  
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Treatment Report Page 2

DESCRIPTION OF JOB EVENTS

	Time	Displace 1		Displace 2		Displace 3		Displace 4		Displace 5	
		BBLs	Time	BBLs	Time	BBLs	Time	BBLs	Time	BBLs	Time
Safety Meeting	11:50	0	12:06	0		0		0		0	
MIRU	8:00	10		10		10		10		10	
CIRCULATE	11:55	20	12:10	20		20		20		20	
Drop Plug		30		30		30		30		30	
		40		40		40		40		40	
M & P		50		50		50		50		50	
		60		60		60		60		60	
Time	Sacks	70		70		70		70		70	
Start 11:57	207	80		80		80		80		80	
End 12:06		90		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:

Work Performed \_\_\_\_\_ Title \_\_\_\_\_

X *D.E. Noyd* \_\_\_\_\_ X \_\_\_\_\_

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 5/14/13 Invoice Number 11797  
 Invoice Amount \_\_\_\_\_ Well Permit Number \_\_\_\_\_  
 Well Name Agnes Friendly Well Type OIL  
 Well Location 39/RH Well Number #1  
 County Washington Lease Fritzer Resources  
 SEC/TWP/RNG \_\_\_\_\_ Job Type SURFACE  
 State CO Company Name DECO  
 Supervisor Name Jon Customer Representative Gary  
 Customer Phone Number \_\_\_\_\_

Arvin  
Jon

Employee Name

Exposure Hours (Per Employee)

4.5  
4.5

Total Exposure Hours 9

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 -
- 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?

**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:

THE INFORMATION HEREIN IS CORRECT -

[Signature]

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 11797

Date 5/16/13 Time \_\_\_\_\_  AM  PM Meeting Facilitator Jon

Facility Name and Location Agnus Friendly #1 Work to be Undertaken SURFACE

Nearest Emergency Medical Service Number (Other than 911) AKRON

**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 type="checkbox"/> Slips/Trips/Falls              | <input type="checkbox"/> Overhead work/suspended Loads/Chains/Slings  | <input 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 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)

- |   |  |   |   |
|---|--|---|---|
| <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>Jon</u>	
<u>AKRON</u>	
<u>AKRON</u>	
<u>D. S. Howell</u>	

Other Considerations and Field Notes: