

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)



№ 11797

WELL NO. AND FARM Agnes Friendly #1		COUNTY Washington	STATE La	DATE 5/14/13	
CHARGE TO Nehco		WELL LOCATION SEC.		CONTRACTOR NEBCO 8	
		TWP.	RANGE	LOCATION 1 Kuma	CODE
		DELIVERED TO 34/HH		LOCATION 2 Akron	CODE
		SHIPPED VIA 4009, 3101, 119		LOCATION 3 Kuma	CODE
		TYPE AND PURPOSE OF JOB SURFACE		WELL TYPE OIL	CODE

[illegible]

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 1/4% which is equal to an ANNUAL PERCENTAGE RATE OF 18%.

#### TAX REFERENCES

SUB TOTAL

TAX

6562 25

TOTAL

SUBJECT TO CORRECTION

"TAXES WILL BE ADDED AT CORPORATE OFFICE"

*G. E. Nail*  
Customer or His Agent

Customer or His Agent

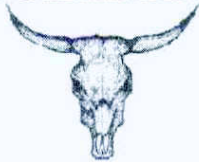
  
Black Oil Well Servicing, Inc. Representative

Blanco Oil Well Contracting, 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 indemnification provisions.

# 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

11797  
34/HH  
Jon

## TREATMENT REPORT

DATE	WELL NAME	SECTION	TWP	RGE	COUNTY
5/14/13	Agras 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			Cement Makeup		
HOLE SIZE	TUBING SIZE	PERFORATIONS	Cement Blend	50/50 poz, 3% eca, 1/4 celestake	
12 1/4			Cement - Specs	lbs	Yield
				15.2	1.07
TOTAL DEPTH	TUBING DEPTH	SHOTS/FT	Annulus Factor	Capacity Factor	
235			4/27	.0636	
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				

**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. Nail  
Authorization To Proceed

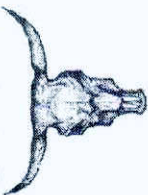
Title

X  
Date

Customer 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

11797  
 34/HH  
 Jon

## Treatment Report Page 2

### DESCRIPTION OF JOB EVENTS

		Displace 1			Displace 2			Displace 3			Displace 4			Displace 5			Displace 5		
		BBLs	Time	PSI	BBLs	Time	PSI	BBLs	Time	PSI	BBLs	Time	PSI	BBLs	Time	PSI	BBLs	Time	PSI
Safety Meeting	11:50	0	12:06	90	0			0			0			0			0		
MIRU	8:00	10	12:10	95	10			10			10			10			10		
CIRCULATE	11:55	20			20			20			20			20			20		
Drop Plug		30			30			30			30			30			30		
		40			40			40			40			40			40		
		50			50			50			50			50			50		
M & P		60			60			60			60			60			60		
Time	Sacks	70			70			70			70			70			70		
Start 11:57	207	80			80			80			80			80			80		
End 12:06		90			90			90			90			90			90		
		100			100			100			100			100			100		
		110			110			110			110			110			110		
		120			120			120			120			120			120		
		130			130			130			130			130			130		
		140			140			140			140			140			140		
		150			150			150			150			150			150		

Notes:

X

D.E. Nault

Work Performed

X

Title

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 Debro  
Supervisor Name Jon Customer Representative Gary  
Customer Phone Number \_\_\_\_\_

Employee Name

Exposure Hours (Per Employee)

Arion  
Jon

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?

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 -

St. E. Mott  
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"/> <u>          </u>	<input type="checkbox"/> <u>          </u>

### 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"/> <u>          </u>	<input type="checkbox"/> Chemical Resistant Clothing
<input type="checkbox"/> <u>          </u>	<input type="checkbox"/> <u>          </u>		<input type="checkbox"/> Personal Fall Arrest Systems
			<input type="checkbox"/> <u>          </u>

### 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>          </u>	
<u>          </u>	
<u>          </u>	

Other Considerations and Field Notes: