



NABORS

FIELD TICKET

45 - 21827

PLEASE REMIT TO:
NABORS COMPLETION & PRODUCTION SERVICES CO.
 P.O. BOX 975682
 DALLAS, TX 75397-5682
 435-725-5344

DELIVERED FROM

DATE 12/16/13

| | | |
|------------------------------|--|--------------------------------|
| INVOICE NO. | P.O. NO. | AFE NO. |
| CUSTOMER NO. | LEASE <u>L.H. Unit 3-15</u> | WELL NO. |
| CUSTOMER <u>Noble Energy</u> | FIELD <u>L.H.</u> STATE <u>CO</u> | COUNTY <u>Weld</u> |
| ADDRESS | LOCATION <u>W 829th St 14 N 4.5% W 2nd</u> | |
| CITY | CASING SIZE & WT. <u>4 1/2"</u> | TBG. SIZE |
| STATE | ZIP | TYPE OF JOB <u>Deep Cement</u> |
| ORDERED BY <u>Marshall</u> | TITLE | SERVICE SUPV. |

| PART NO. | DESCRIPTION | REV. CODE | QTY. | UNIT PRICE | DISC. | AMOUNT |
|----------------|-----------------------------|-----------|-------|------------|-------|--------|
| 45-20-299-0200 | Deep Build Cement 8/25x Tag | | 6080% | 1.44 | | 1.44 |
| 45-20-210-1111 | Service Charge | | | | | 1.44 |
| 45-20-200-9998 | Intl Charge | | | | | 1.44 |

| | | | | | | | | | |
|----------------|--|--------|--|------|--|-------|--|----------|--|
| L.H. Unit 3-15 | | 112557 | | 0052 | | 802.3 | | 11/16/13 | |
| Time | | Time | | Time | | Time | | Time | |
| Date | | Date | | Date | | Date | | Date | |

| | | | | | |
|----------|-------------|-----------|---------------------------|---------|----------|
| CALL OUT | ON LOCATION | COMPLETED | TOTAL SERVICE & MATERIALS | TAXABLE | ST. AMT. |
| | | | | | |
| | | | TOTAL CHARGES | | |

WITH MY INITIALS, I CONFIRM THAT THE TIME SHOWN IN THE "HOURS" COLUMN, ACCURATELY REFLECTS MY COMPENSABLE TIME.

| Employee Name (Print) | Hours | Initials | Employee ID No. |
|----------------------------|--------------|-----------|-----------------|
| <u>John A. [Signature]</u> | <u>11.25</u> | <u>JA</u> | <u>1111</u> |

*ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED

CUSTOMER AGREES to pay Nabors Completion & Production Services Co. (the "Company") on a net 30 day basis from date of invoice. If Customer disputes any item invoiced, Customer shall, within 20 days after receipt of invoice, notify the Company of the item(s) disputed, specifying the reason(s) therefor; payment of the disputed item(s) may be withheld until settlement of dispute, but payment of undisputed portion of invoice shall be made without delay. All payments shall be made at the address shown on the reverse side of this document. In the absence of a separate written contract, CUSTOMER REPRESENTATIVE REPRESENTS AND WARRANTS THAT HE/SHE IS AUTHORIZED TO ENTER INTO THIS AGREEMENT ON BEHALF OF CUSTOMER AND ACCEPTS ALL TERMS AND CONDITIONS AS PRINTED ON THE REVERSE SIDE OF THIS DOCUMENT (WHICH INCLUDES INDEMNITY LANGUAGE THAT ALLOCATES RISKS RELATED TO THE ABOVE DESCRIBED SERVICES). Pricing and extensions, if shown above, are subject to verification and correction at time of invoicing.

NABORS COMPLETION & PRODUCTION SERVICES CO. CUSTOMER REPRESENTATIVE



NABORS

PLEASE REMIT TO:
NABORS COMPLETION & PRODUCTION SERVICES CO.
 P.O. BOX 975682
 DALLAS, TX 75397-5682
 435-725-5344

FIELD TICKET

45 - 21829

DELIVERED FROM

DATE 12-17-13

| | | |
|------------------------------|---|------------------------------------|
| INVOICE NO. | P.O. NO. | AFE NO. |
| CUSTOMER NO. | LEASE <u>C.H. 3-15</u> | WELL NO. |
| CUSTOMER <u>Noble Energy</u> | FIELD <u>C.H.</u> | STATE <u>CO</u> COUNTY <u>Well</u> |
| ADDRESS | LOCATION <u>WCR-129 HWY 14 N 4.95% W 3%</u> | |
| CITY | CASING SIZE & WT. <u>4 1/2"</u> | TBG. SIZE |
| STATE | ZIP | TYPE OF JOB <u>Plug & Seal</u> |
| ORDERED BY <u>Marshall</u> | TITLE | SERVICE SUPV. |

| PART NO. | DESCRIPTION | REV CODE | QTY | UNIT PRICE | DISC | AMOUNT |
|-------------|-------------------|----------|------|------------|------|--------|
| 45702990200 | Set Cement on RBP | | 647' | | | |
| 45702101000 | Service Charge | | | | | |
| 45702009998 | Fuel Charge | | | | | |

| | | | | | | |
|--------|--------|--------|--------|--------|--------|--------|
| 142557 | 142557 | 142557 | 142557 | 142557 | 142557 | 142557 |
| 0052 | 0052 | 0052 | 0052 | 0052 | 0052 | 0052 |
| 0023 | 0023 | 0023 | 0023 | 0023 | 0023 | 0023 |

| | | | |
|------|------|------|------|
| Time | Time | Time | Time |
| Date | Date | Date | Date |
| Time | Time | Time | Time |
| Date | Date | Date | Date |

| | | | |
|-----------------------|-----------------|-----------|---------------|
| Employee Name (Print) | Employee ID No. | Initials | Hours |
| <u>John</u> | <u>142557</u> | <u>JS</u> | <u>142557</u> |
| <u>John</u> | <u>142557</u> | <u>JS</u> | <u>142557</u> |

CUSTOMER AGREES to pay Nabors Completion & Production Services Co. (the "Company") on a net 30 day basis from date of invoice. If Customer disputes any item invoiced, Customer shall, within 20 days after receipt of invoice, notify the Company of the item(s) disputed, specifying the reason(s) therefor; payment of the disputed item(s) may be withheld until settlement of dispute, but payment of undisputed portion of invoice shall be made without delay. All payments shall be made at the address shown on the reverse side of this document. In the absence of a separate written contract, CUSTOMER REPRESENTATIVE REPRESENTS AND WARRANTS THAT HE/SHE IS AUTHORIZED TO ENTER INTO THIS AGREEMENT ON BEHALF OF CUSTOMER AND ACCEPTS ALL TERMS AND CONDITIONS AS PRINTED ON THE REVERSE SIDE OF THIS DOCUMENT (WHICH INCLUDES INDEMNITY LANGUAGE THAT ALLOCATES RISKS RELATED TO THE ABOVE DESCRIBED SERVICES). Pricing and extensions, if shown above, are subject to verification and correction at time of invoicing.

WITH MY INITIALS, I CONFIRM THAT THE TIME SHOWN IN THE "HOURS" COLUMN, ACCURATELY REFLECTS MY COMPENSABLE TIME:

 CUSTOMER REPRESENTATIVE

 NABORS COMPLETION & PRODUCTION SERVICES CO.



NABORS

FIELD TICKET

45 - 21830

PLEASE REMIT TO:
NABORS COMPLETION & PRODUCTION SERVICES CO.
 P.O. BOX 975682
 DALLAS, TX 75397-5682
 435-725-5344

DELIVERED FROM

DATE 12-18-13

| | | | |
|------------------------------------|--------------|--|--|
| INVOICE NO. | | P.O. NO. | AFE NO. |
| CUSTOMER NO. | | LEASE <u>LH 3-15</u> | WELL NO. |
| CUSTOMER <u>N.H. Energy</u> | | FIELD <u>LH</u> | STATE <u>CO</u> COUNTY <u>Webb</u> |
| ADDRESS | | LOCATION <u>WCR 129d Hwt 14 N 4.5% W 16</u> | |
| CITY | | CASING SIZE & WT. <u>4 1/2"</u> | TBG. SIZE |
| STATE | ZIP | TYPE OF JOB <u>Squeeze jobs</u> | |
| ORDERED BY <u>Marshall</u> | TITLE | | SERVICE SUPV. |

| PART NO. | DESCRIPTION | REV CODE | QTY | UNIT PRICE | DISC. | AMOUNT |
|----------------|-----------------------|----------|------|------------|-------|--------|
| 45-70-210-1000 | Squeeze charge | | | | | |
| 45-70-295-0100 | Plug | | | | | |
| 45-75-805-1005 | Squeeze job (4 shots) | | 5000 | | | |
| 45-70-200-9998 | Plug Charge | | | | | |

| | | | |
|------------------------------------|----------------|---------------------------|---------------|
| 11:11 AM 12-18-13 | 142 557 | 0051 | DEC 18 |
| CALLER'S NAME <u>Thelma</u> | | DATE <u>DEC 18</u> | |
| TIME <u>11:11 AM</u> | | DATE <u>DEC 18</u> | |

| | | | |
|--------------------------------------|-----------------------------|---------------------------|---------------------|
| CALLER'S NAME <u>Thelma</u> | TIME <u>11:11 AM</u> | DATE <u>DEC 18</u> | COMPLETED |
| TOTAL SERVICE & MATERIALS | TAX % | ST. | TAXABLE AMT. |
| TOTAL CHARGES | | | |

WITH MY INITIALS, I CONFIRM THAT THE TIME SHOWN IN THE "HOURS" COLUMN, ACCURATELY REFLECTS MY COMPENSABLE TIME.

| Employee Name (Print) | Hours | Initials | Employee ID No. |
|----------------------------|-------|----------|-----------------|
| <u>John Y. [Signature]</u> | | | |
| <u>Shari [Signature]</u> | | | |

***ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED**

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NABORS COMPLETION & PRODUCTION SERVICES CO.

CUSTOMER REPRESENTATIVE



NABORS

PLEASE REMIT TO:
NABORS COMPLETION & PRODUCTION SERVICES CO.
 P.O. BOX 975682
 DALLAS, TX 75397-5682
 435-725-5344

FIELD TICKET

DELIVERED FROM

DATE 12-19-13

45 - 21832

| | | |
|------------------------------|---|-------------------------------|
| INVOICE NO. | P.O. NO. | AFE NO. |
| CUSTOMER NO. | LEASE <u>L11</u> <u>3-15</u> | WELL NO. |
| CUSTOMER <u>Noble Energy</u> | FIELD <u>L11</u> STATE <u>CO</u> COUNTY <u>Weld</u> | |
| ADDRESS | LOCATION <u>WIR 129 HWY 14 N 44.5 3/4 W 3/4</u> | |
| CITY | CASING SIZE & WT. <u>4 1/2"</u> TBG. SIZE | |
| STATE | ZIP | TYPE OF JOB <u>Squag hole</u> |
| ORDERED BY <u>Marshall</u> | TITLE | SERVICE SUPV. |

| PART NO. | DESCRIPTION | REV CODE | QTY. | UNIT PRICE | DISC | AMOUNT |
|-----------------|---------------------|----------|-------|------------|------|--------|
| 45-70-255-0100 | Pool off | | | | | |
| 45-70-255-0032 | Flange | | | | | |
| 45-70-216-1000 | Service Charge | | | | | |
| 45-70-299-0050 | Squag hole (4 shot) | | 2500' | | | |
| 45-70-200-9998 | Pool Charge | | | | | |
| L11 Limit 03-15 | | | | | | |
| 142557 | | | | | | |
| 0051 | | | | | | |
| 0023 | | | | | | |
| Total 43.396 | | | | | | |

| | | | |
|----------------------------|-----------------------------|---------------------------|---|
| CALLED OUT Time Date | ON LOCATION Time Date | COMPLETED Time Date | TOTAL SERVICE & MATERIALS TAX % TAXABLE ST. AMT. TOTAL CHARGES |
|----------------------------|-----------------------------|---------------------------|---|

WITH MY INITIALS, I CONFIRM THAT THE TIME SHOWN IN THE "HOURS" COLUMN, ACCURATELY REFLECTS MY COMPENSABLE TIME.

| Employee Name (Print) | Hours | Initials | Employee ID No. |
|-----------------------|-------|----------|-----------------|
| <u>John Y</u> | | | |
| <u>Adam F</u> | | | |
| <u>Shane D</u> | | | |

I was not injured, involved in or witness to an accident during the performance of this work. If an injury or accident occurred a signature is not to be provided. The injury or accident is to be reported to the supervisor so that a report can be prepared.

I hereby attest that my employer Nabors Completion & Production Services Co. did permit me to eat while working.

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NABORS COMPLETION & PRODUCTION SERVICES CO.

CUSTOMER REPRESENTATIVE

White - Main Canary - Customer Pink - Field



NABORS

FIELD TICKET

45-21915

PLEASE REMIT TO:
NABORS COMPLETION & PRODUCTION SERVICES CO.
 P.O. BOX 975682
 DALLAS, TX 75397-5682
 435-725-5344

DELIVERED FROM STOCK
 DATE 12-20-13

| | | |
|------------------------------|----------------------------------|------------------------------------|
| INVOICE NO. | P.O. NO. | AFE NO. |
| CUSTOMER NO. | LEASE <u>LILL UNIT #</u> | WELL NO. <u>3-15</u> |
| CUSTOMER <u>NOBLE ENERGY</u> | FIELD | STATE <u>10</u> COUNTY <u>Weld</u> |
| ADDRESS | LOCATION | |
| CITY | CASING SIZE & WT. <u>45 11.6</u> | TBG. SIZE |
| STATE | ZIP | TYPE OF JOB <u>Abandonment</u> |
| ORDERED BY | TITLE | SERVICE SUPV <u>CB</u> |

| PART NO. | DESCRIPTION | REV CODE | QTY | UNIT PRICE | DISC | AMOUNT |
|----------------|----------------|----------|-----|------------|------|--------|
| 45-70-250-0003 | Collar Buster | | | | | |
| 45-70-255-0100 | Pack OFF | | | | | |
| 45-70-200-9998 | Fuel Surcharge | | | | | |

(This section contains the full text of the contract, including terms and conditions, which is mostly illegible due to the high density of the text and the quality of the scan.)

| | | | |
|--|---|---------------------------------------|--|
| CALLED OUT <u>12:00</u> Time <u>12-20</u> Date | ON LOCATION <u>11:15</u> Time <u>12-20</u> Date | COMPLETED _____ Time _____ Date | TOTAL SERVICE & MATERIALS TAX % _____ TAXABLE ST. AMT. _____ TOTAL CHARGES _____ |
|--|---|---------------------------------------|--|

WITH MY INITIALS, I CONFIRM THAT THE TIME SHOWN IN THE "HOURS" COLUMN, ACCURATELY REFLECTS MY COMPENSABLE TIME.

| Employee Name (Print) | Hours | Initials | Employee ID No. |
|-----------------------|-------|----------|-----------------|
| <u>Eric Smith</u> | | | |

I was not injured, involved in or witness to an accident during the performance of this work. If an injury or accident occurred a signature is not to be provided. The injury or accident is to be reported to the supervisor so that a report can be prepared.

I hereby attest that my employer Nabors Completion & Production Services Co. did permit me to eat while working.

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CEMENT

**1738 Wynkoop St., Ste. 102
Denver, Colorado 80202
Phone: 303-296-3010
Fax: 303-298-8143
E-mail: bisonoil1@qwestoffice.net**

SERVICE INVOICE

№ 12601

| | | | | | |
|---------------------------------|--|--|------------------------------------|------------------------|------|
| WELL NO. AND FARM Lilli 3-15 | | COUNTY Weld | STATE Colo. | DATE 12-19-13 | |
| CHARGE TO Noble | | WELL LOCATION SEC. 15 TWP. 8N RANGE 58W | | CONTRACTOR Bohler G | |
| | | | DELIVERED TO WCR 129 + 94 | LOCATION 1 Shop | CODE |
| | | | SHIPPED VIA 3106 | LOCATION 2 129 + 94 | CODE |
| | | | TYPE AND PURPOSE OF JOB SQUEEZE | LOCATION 3 Shop | CODE |
| | | | | WELL TYPE Oil | CODE |

| PRICE REFERENCE | DESCRIPTION | UNITS | | UNIT PRICE | AMOUNT |
|--------------------|---|-------|-----------|------------|------------|
| | | QTY. | MEAS. | | |
| Day 1 | Pump Charge | 1 | EA. | [REDACTED] | [REDACTED] |
| Day 2 | Pump Charge | 1 | EA. | [REDACTED] | [REDACTED] |
| Day 1 | Depth Charge | 1 | EA. | [REDACTED] | [REDACTED] |
| Day 1 | Neat G | 100 | SK. | [REDACTED] | [REDACTED] |
| Day 2 | Neat G | 60 | SK. | [REDACTED] | [REDACTED] |
| Day 1 | Truck Mileage 4.00 mile 60 mile min ONE Way 74 miles | 1 | EA. | [REDACTED] | [REDACTED] |
| Day 2 | Truck Mileage 4.00 mile 60 mile min. ONE Way 74 miles | 1 | EA. | [REDACTED] | [REDACTED] |
| Day 1 | Pickup Mileage 1.50 mile 60 mile min ONE Way 74 miles | 1 | EA. | [REDACTED] | [REDACTED] |
| Day 2 | Pickup Mileage 1.50 mile 60 mile min ONE Way 74 miles | 1 | EA. | [REDACTED] | [REDACTED] |
| Day 1 | IRON INSP. FEE | 1 | EA. | [REDACTED] | [REDACTED] |
| Day 2 | IRON INSP. FEE | 1 | EA. | [REDACTED] | [REDACTED] |
| | Data Int. | 1 | EA. | [REDACTED] | [REDACTED] |
| | Lilli Unit 03-15 | | | | |
| | 142550 | | | | |
| | 0019 | | | | |
| | 602.3 | | | | |
| | Total Weight | | 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 1/4% which is equal to an ANNUAL PERCENTAGE RATE OF 18%.

TAX REFERENCES

Thanks Calvin

"TAXES WILL BE ADDED AT CORPORATE OFFICE"

SUB TOTAL

TAX

TOTAL

SUBJECT TO CORRECTION

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 live 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

12601
129+94
Calvin Reimers

TREATMENT REPORT

| | | | | | |
|------------------|----------------------|---------------|---|--------|--------|
| DATE | WELL NAME | SECTION | TWP | RGE | COUNTY |
| 12-19-13 | Lilli 3-15 | 15 | 8N | 58W | Weld |
| BILL TO | CONSULTANT | | | | |
| Noble | DENNIS | | | | |
| OWNER | RIG NAME & NUMBER | | | | |
| Noble | Bohler 6 | | | | |
| MAILING ADDRESS | DISTANCE TO LOCATION | | UNITS ON LOCATION | | |
| | 74 miles | | 3106 | | |
| CITY | TIME REQUESTED | | TIME ARRIVED ON LOCATION | | |
| | 9:30am / 8:00am | | 9:05am / 7:05am | | |
| STATE, ZIP | TIME LEFT LOCATION | | | | |
| | 11:30am / 10:15am | | | | |
| WELL DATA | | | Cement Makeup | | |
| HOLE SIZE | TUBING SIZE | PERFORATIONS | Cement Blend | G NEAT | |
| | 2 3/8 | | Cement - Specs | lbs | Yield |
| TOTAL DEPTH | TUBING DEPTH | SHOTS/FT | Annulus Factor | | |
| | 4900 | | Capacity Factor | | |
| CASING SIZE | TUBING WEIGHT | OPEN HOLE | .0039 | | |
| | 4.7 lb. | | | | |
| CASING DEPTH | TUBING CONDITION | TREATMENT VIA | TYPE OF TREATMENT | | |
| | Good | | <input type="checkbox"/> Surface Pipe <input type="checkbox"/> MISC Pump <input checked="" type="checkbox"/> Production P&A <input type="checkbox"/> Squeeze | | |
| CASING WEIGHT | PACKER DEPTH | | HYD HHP = RATE X PRESSURE / 40.8 | | |
| | | | % Excess BBL to Pit | | |
| CASING CONDITION | | | | | |
| Max Rate | | | | | |
| Max Pressure | 2500 | | | | |

DESCRIPTION OF JOB EVENTS

MIRU, Safety meeting Psi Test to 1000 Psi, BREAK CIR, Mix + pump 100 sks, 20.48 bbls. Slurry at 15.8 lb. 1.15 yield, Displace 18.5 bbls. H2O, Washup Rig down, 2nd Plug BREAK CIR, Mix + pump 60 sks. 12.2 bbls. Slurry at 15.8 lb. 1.15 yield, Displace 9 bbls. H2O, Wash up, Rig down,

X
Authorization To Proceed

Title

X
Date

Customers hereby acknowledge and specifically agree to the terms and conditions on this work order, including, without limitation, the provisions on the reverse side hereof which includes the release and indemnity.

INVOICE #
LOCATION
FOREMAN

| |
|---------------|
| 12601 |
| 129+94 |
| Calvin Reimer |

| Safety Meeting | Displace 1 | Displace 2 | Displace 3 | Displace 4 | Displace 5 |
|-----------------|------------------|----------------|--------------|--------------|--------------|
| MIRU | BLS Time PSI | BLS Time PSI | BLS Time PSI | BLS Time PSI | BLS Time PSI |
| CIRCULATE | 10:33am 0 | 7:16am 740 | 0 | 0 | 0 |
| Drop Plug | 10 10:51am 1130 | 50 9:19am 1100 | 10 | 10 | 10 |
| N/A | 805 10:54am 1360 | 20 | 20 | 20 | 20 |
| | 30 | 30 | 30 | 30 | 30 |
| | 40 | 40 | 40 | 40 | 40 |
| M & P | 50 | 50 | 50 | 50 | 50 |
| Time Sacks | 60 | 60 | 60 | 60 | 60 |
| 10:38am 10:48am | 70 | 70 | 70 | 70 | 70 |
| 9:11am 9:16am | 80 | 80 | 80 | 80 | 80 |
| | 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 |

1 Aug Circ 10 bbls. H₂O, Mix pump 100 sks, 20.45 bbls Slurry at 15.8 bls. 1.15 yield, Displace 18.5 bbls H₂O.
Rig to Pull out of Retainer to LEAVE 1/2 bbl Cement on Top of Retainer 2nd Plug Break Circ 7 bbls H₂O.
Mix pump 60 sks, 12.29 bbls Slurry at 15.8 bls. 1.15 yield, Displace 9 bbls. H₂O to 2396', Rig to Pull out of Retainer.
To LEAVE. 3 bbls Slurry on Top of Retainer, Wash up, Rig down

X 12-19-13
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 12-19-13 Invoice Number 12601
Invoice Amount _____ Well Permit Number _____
Well Name Lilli Well Type 0:1
Well Location WCR 129+94 Well Number 3-15
County Weld Lease _____
SEC/TWP/RNG 15-8N-58W Job Type SQUEEZE
State Colo. Company Name Noble
Supervisor Name CALVIN REIMERS Customer Representative DENNIS
Customer Phone Number _____

Employee Name

Exposure Hours (Per Employee)

Pablo S.
Keith P.

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

- 4 Personnel -
- 4 Equipment -
- 4 Job Design -
- 4 Product / Material -
- 4 Health & Safety -
- 4 Environmental -
- 4 Timeliness -
- 4 Condition / Appearance -
- 4 Communication -
- 4 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?

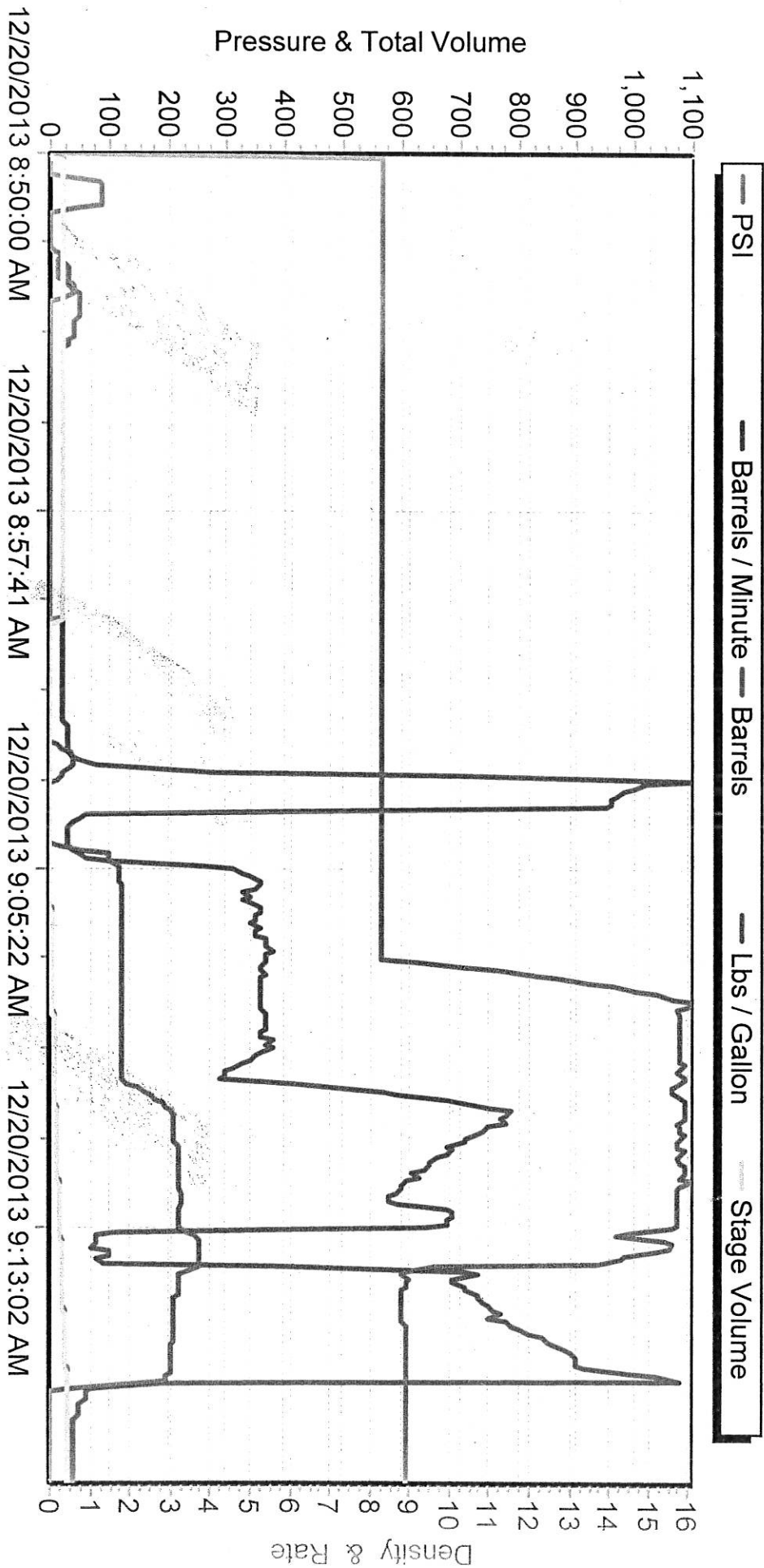
THE INFORMATION HEREIN IS CORRECT -

Dennis Marshall
Customer Representative's Signature

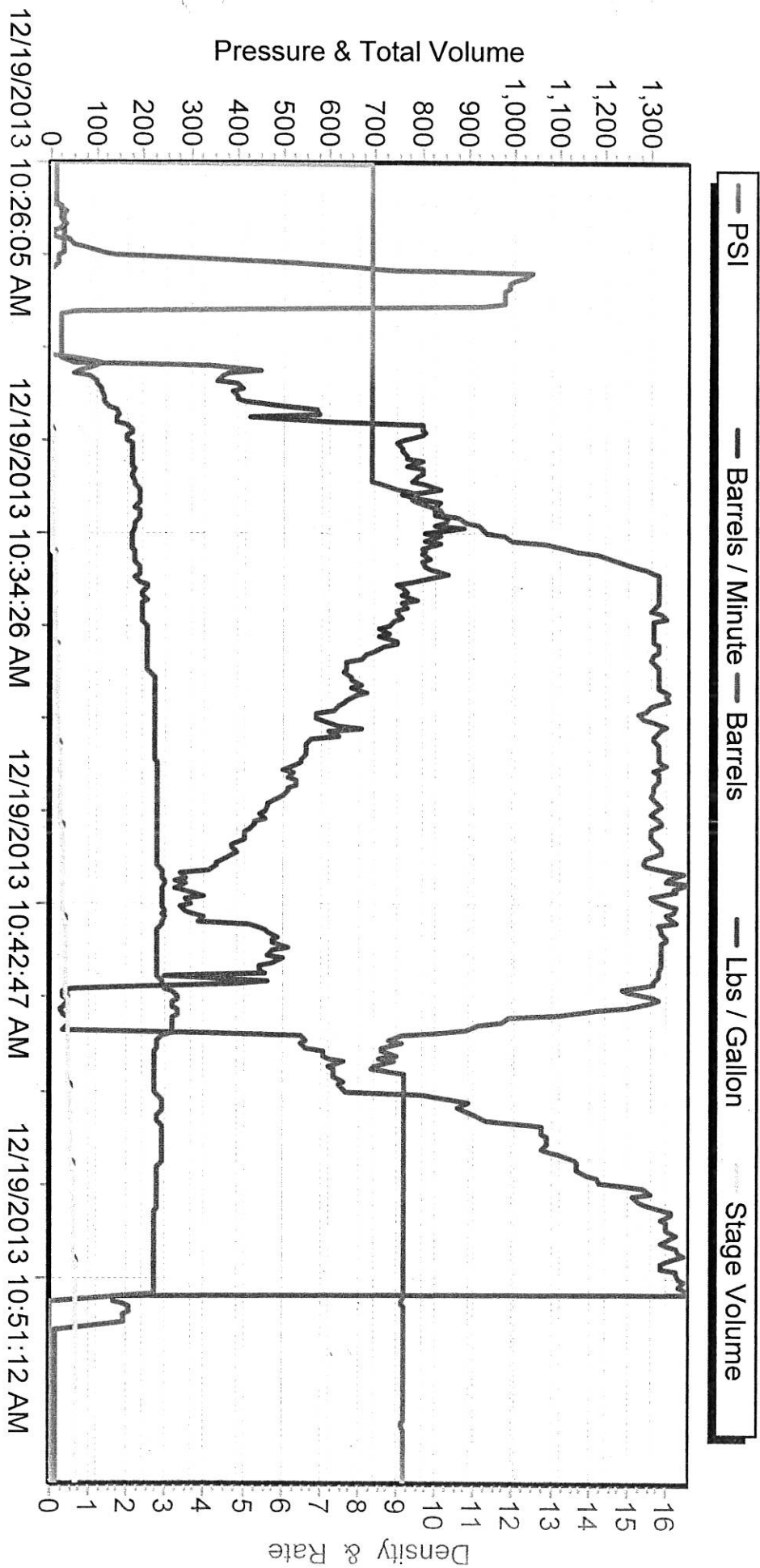
12-19-13
Date

Any additional Customer Comments or HSE concerns should be described on the back of this form

M/D TOTCO 2000 SERIES



M/D TOTCO 2000 SERIES





BISON OILWELL CEMENTING JOB SAFETY ANALYSIS WORKSHEET

| | | | | | |
|--|--|--|----------------------|---------------------------------|------|
| ASK: SQUEEZE CEMENT | | CEMENTER/SUPERVISOR: Calvin Reimers | | PAGE 1 | OF 3 |
| NAME: Lilli 3-15 | | RIG # Bohler | LOCATION: WCR 129+94 | DATE: 12-19-13 | |
| ATOR: Noble | | CONSULTANT: Dennis | | INVOICE # 12601 | |
| EQUIRED: <input checked="" type="checkbox"/> Hard Hat <input checked="" type="checkbox"/> Safety Glasses <input checked="" type="checkbox"/> Steel Toe Boots <input checked="" type="checkbox"/> Impact Gloves | | ADDITIONAL PPE (based on job specific hazards) <input type="checkbox"/> FR Coveralls <input type="checkbox"/> Reflective Vest <input type="checkbox"/> Goggles <input type="checkbox"/> Faceshield <input type="checkbox"/> Chemical Resistant Gloves <input type="checkbox"/> Chemical Resistant Clothing <input type="checkbox"/> Air Purifying Respirator <input type="checkbox"/> Supplied Air Respirator <input type="checkbox"/> Personal H2S Monitor <input type="checkbox"/> Personal Methane Monitor | | | |
| JOB STEPS | | POTENTIAL HAZARDS | | RECOMMENDED ACTION OR PROCEDURE | |
| iew JSA | Misunderstanding | Clarify job and associated hazards and safety concerns | | REVIEWED BY | |
| it pre job safety meeting | Misunderstanding | -Hold safety meeting with all personnel on location, ensure everyone pays attention to ensure they understand their role and responsibility during the job -Verify max rate and pressure for each stage of the job -Review treatment report with consultant and attain signature for authorization to proceed -Identify and address short service employees (SSE) who are on location | | CR | |
| ve trucks in and rig up equipment | Other traffic on location, overhead lines, pinch points, heavy lifting, slips/falls | -Coordinate with well site supervisor for directions on where and when to park the equipment -All Bison crew members walk the location prior to driving in to access specific hazards -Utilize spotters when trucks are in motion -Establish buffer zone around equipment utilizing cones and caution tape -Cementer follows up to ensure connections are secure -Lift with your legs and use teamwork when rigging up -Utilize reflective vests and wands to increase visibility at night -Deploy spill berms and buckets | | CR | |
| e hoses to rig floor | Overhead work, improper hookup/load not properly secured, poor communication between ground personnel and crane/tugger operator | -Inspect slings, chains and hooks prior to lift -Ensure line of sight with crane/tugger operator is maintained throughout the lift and hand signals are understood -Ensure no personnel are under suspended equipment -Utilize a tag line to control the load | | CR | |
| irect Cement head/swage/pin, chickens and | Working in a congested area, pinch points, swinging hammers, slippery rig floor | -Only Bison personnel install the cement head and hoses -Maintain line of sight and communication with crane/tugger operator -Remove non-essential personnel from rig floor, wait until other activity is done -Rig crew does not install chains until head and hoses are installed -Ensure a clear path when swinging a hammer -Ensure fig 1502, 15k psi plug valve is used at the well head -Verify all hoses, fittings and hoses have proper pressure rating for the job and falls within the parameters of the <i>Bison Oilwell Iron Inspection Policy</i> . | | CR | |
| ssure test lines | Equipment failing under high pressures, spills | -Ensure rig floor is clear and personnel are away from hoses prior to test -Establish buffer area around high pressure hoses -Lines are checked from a distance and using pressure gauges -Ensure all valves are holding fluid -Cementer ensures pressure gauges are working properly. | | CR | |
| Test to: PSI- 1000 Maximum pressure allowed for job: PSI- 2500 | | Pressure relief valve set to: PSI- 2500 Max. pump pressure: PSI- 7500 | | CR | |
| np Spacer (dye marker)/Mix and Pump tent | Serious injury from high pressure line failure or catastrophic equipment failure. Burns or skin irritation splashing cement, uncontrolled spills, parting tubing, pumping into pressure, hydraulicing tubing out of the hole | -Pressure test prior to job, utilize heavy duty hose hobbles and pressure relief valve -Keep rig floor and buffer area clear while pumping -Utilize proper PPE -Have access to water to rinse affected skin -Deploy spill berms and buckets -Establish injection rate | | CR | |

BISON OILWELL CEMENTING JOB SAFETY ANALYSIS WORKSHEET



| | | | |
|--|---|--|----|
| Placement/Staging | Unexpected pressure associated with resuming of pumping, tubing hydraulizing from hole, serious injury from high pressure line failure or catastrophic equipment failure. | <ul style="list-style-type: none"> -Verify max pump rate and pressure for each stage of the job -Verify cement pump times (especially as pressures increase and pump rates decrease) -Ensure rig floor remains clear and non-essential personnel stay clear from buffer area -Pump operator monitors pump pressure constantly -Utilize proper PPE -Ensure maximum pressure limits are not exceeded | CR |
| 11 STEPS 7 and 8 AS REQUIRED | | | |
| Shut up / Rig down | Splashing cement slurry, heavy lifting, pinch points, unsecured hoses | <ul style="list-style-type: none"> -Utilize stakes or portable tank manifold to secure hoses -Use proper lifting technique (2 man lift, lift with legs, plan your route) | CR |
| Work location | Other traffic and personnel and location, overhead lines | <ul style="list-style-type: none"> -All Bison crew member walk the planned exit route to access possible obstacles and hazards -Utilize spotters while backing | CR |
| General Precautions/Stop Work | | | |
| <ul style="list-style-type: none"> -If you see a leaking connection, Notify the cementer. Do not attempt to hammer up a leaking connection as there may be pressure on the lines. -Any person on location, regardless of their position or experience level has the authority and responsibility to stop the job if they witness an unsafe act or condition. | | | |
| HAZARDS SPECIFIC TO LOCATION OR COMMENT NOT ADDRESSED ABOVE: | | | |
| NEAREST EMERGENCY MUSTER AREA: Lease Road to Rig | | NEAREST EMERGENCY MEDICAL FACILITY (OTHER THAN 911): Sterling | |

1738 Wynkoop St., Ste. 102
Denver, Colorado 80202
Phone: 303-296-3010
Fax: 303-298-8143
E-mail: bisonoil1@qwestoffice.net



№ 12807

| | | | | | |
|----------------------------------|--|--|---|----------------------|------|
| WELL NO. AND FARM 03-15 Lilli | | COUNTY Weld | STATE Colorado | DATE 12-21-13 | |
| CHARGE TO Noble | | WELL LOCATION SEC. 15 TWP. 8N RANGE 58W | | CONTRACTOR | |
| | | | DELIVERED TO CR 129 | LOCATION 1 Yuma | CODE |
| | | | SHIPPED VIA 4022-3101 | LOCATION 2 CR 129 | CODE |
| | | | TYPE AND PURPOSE OF JOB Plug and Abandon | LOCATION 3 Yuma | CODE |
| | | | | WELL TYPE | CODE |

| PRICE REFERENCE | DESCRIPTION | UNITS | | UNIT PRICE | AMOUNT |
|--------------------|-----------------|-------|-------|---------------|------------|
| | | QTY. | MEAS. | | |
| 12-21-13 | Pump Charge | 1 | EA | \$ [REDACTED] | [REDACTED] |
| | mileage | 140 | EA | \$ [REDACTED] | [REDACTED] |
| | iron inspection | 1 | EA | \$ [REDACTED] | [REDACTED] |
| | cement | 100 | SKs | \$ [REDACTED] | [REDACTED] |
| 12-23-13 | Pump Charge | 1 | EA | \$ [REDACTED] | [REDACTED] |
| | mileage | 140 | EA | \$ [REDACTED] | [REDACTED] |
| | iron inspection | 1 | EA | \$ [REDACTED] | [REDACTED] |
| | cement | 250 | SKs | \$ [REDACTED] | [REDACTED] |

Lilli Unit 3-15

Well Name and No
142557

Project / AFE No
3-3 / 19

Task

Acct Crk:

DEC 6 1 2013

APPROVED
KELLEY REINHARDT

Signature *[Signature]*

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

"TAXES WILL BE ADDED AT CORPORATE OFFICE"

TOTAL

SUBJECT TO CORRECTION

Customer or His Agent

Elson 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
1738 Wynkoop St., Ste. 102
Denver, CO 80202
303-296-3010
www.Bisonoilwell.com

Cementing Customer Satisfaction Survey

Service Date 12-21-13
Invoice Amount \$4835
Well Name 1111
Well Location CP 129
County Weld
SEC/TWP/RNG 15-8N-58W

State Colorado
Supervisor Name Dora Carrasco

Invoice Number 12807
Well Permit Number 05-123-14086
Well Type 0.1
Well Number 13-05
Lease
Job Type Plug and Abandon
Company Name
Customer Representative
Customer Phone Number

Employee Name

Exposure Hours (Per Employee)

Law
11/12
100

3 1/2
2 1/2
1

Total Exposure Hours

6

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

- 4 Personnel -
- 4 Equipment -
- 4 Job Design -
- 4 Product / Material -
- 4 Health & Safety -
- 4 Environmental -
- 4 Timeliness -
- 4 Condition / Appearance -
- 4 Communication -
- 4 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 -



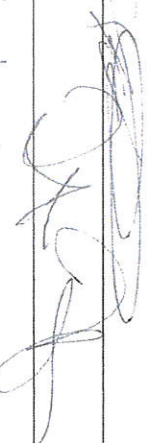
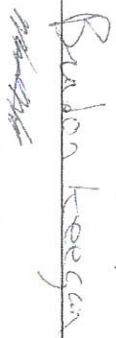
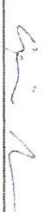


Customer Representative's Signature

Date

Any additional Customer Comments or HSE concerns should be described on the back of this form

12-21-13 - 12-23-13



| Signature and Company | |
|---|-------|
|  | ABC |
|  | BUS |
|  | BUS |
|  | BASIC |
|  | APT |
|  | BUS |
|  | Bison |
| | |
| | |
| | |
| | |



BISON OILWELL CEMENTING JOB SAFETY ANALYSIS WORKSHEET

| | | | | |
|---|--|---|---|--|
| ASK: Plug and Abandon | CEMENTER/SUPERVISOR: aaron carrasco | | PAGE 1 | OF 3 |
| NAME: LILLI | RIG # BOHLER | LOCATION: Hwy CR 129 | DATE: 12-23-13 | |
| ATOR: BOHLER | CONSULTANT: | | INVOICE # 12807 | |
| EQUIPED: <input type="checkbox"/> Hard Hat <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Steel Toe Boots <input type="checkbox"/> Impact Gloves <input type="checkbox"/> FR Coveralls <input type="checkbox"/> Reflective Vest ADDITIONAL PPE (based on job specific hazards) <input type="checkbox"/> Goggles <input type="checkbox"/> Facemask <input type="checkbox"/> Chemical Resistant Gloves <input type="checkbox"/> Chemical Resistant Clothing <input type="checkbox"/> Air Purifying Respirator <input type="checkbox"/> Supplied Air Respirator <input type="checkbox"/> Personal H2S Monitor <input type="checkbox"/> Personal Methane Monitor | | | | |
| JOB STEPS | POTENTIAL HAZARDS | RECOMMENDED ACTION OR PROCEDURE | | REVIEWED BY |
| Review JSA | Misunderstanding | Clarify job and associated hazards and safety concerns | | AC |
| Conduct pre job safety meeting | Misunderstanding | -Hold safety meeting with all personnel on location, ensure everyone pays attention to ensure they understand their role and responsibility during the job -Review treatment report with consultant and attain signature for authorization to proceed -Identify and address short service employees (SSE) who are on location -Verify method of relaying hand signals to rig crew for shutting down mud pump | | AC |
| Move trucks in and rig up equipment | Other traffic on location, overhead lines, pinch points, heavy lifting, slips/falls | -Coordinate with well site supervisor for directions on where and when to park the equipment -All Bison crew members walk the location prior to driving in to access specific hazards -Utilize spotters when trucks are in motion -Establish buffer zone around equipment utilizing cones and caution tape -Cementor follows up to ensure connections are secure -Lift with your legs and use teamwork when rigging up -Utilize reflective vests and wands to increase visibility at night -Deploy spill berms and buckets -Verify connections on mudline for compatibility | | AC |
| Use hose to rig floor | Overhead work, improper hook up/load not properly secured, miscommunication between ground personnel and the crane/tugger operator | -Inspect chains, slings, hooks prior to lift -Ensure line of sight with crane/tugger operator is maintained throughout the lift and hand signals are clarified before the lift. -Ensure no personnel are under suspended loads -Utilize tag line | | |
| Attach swage to tubing/Connect to swage on pipe | Connections/equipment failing under pressure, spills, slips and falls | -Insure swage has proper pressure rating for the job and falls within the parameters of the <i>Bison Oilwell Cementing Iron Inspection Program</i> -Verify the compatibility of the connections on a swage/pin provided by the rig -Minimize number of people on rig floor, utilize Bison personnel to attach cement lines -Be aware of surroundings when swinging a hammer | | ACAC |
| Pressure test lines | Test to: PSI- 500 Maximum pressure allowed for job: PSI- 1000 | Equipment failing under high pressures | -Ensure rig floor is clear and personnel are away from hoses prior to test -Establish buffer area around high pressure hoses -Lines are checked from a distance and using pressure gauges -Cementor ensures pressure gauges are working properly | Pressure relief valve set to: PSI- 2000 Max. pump pressure: PSI- 4000 |

BISON OILWELL CEMENTING JOB SAFETY ANALYSIS WORKSHEET



| | | | |
|--|--|---|----|
| np Spacer/Mix and Pump tent | Serious injury from high pressure line failure or catastrophic equipment failure. Burns or skin irritation from splashing cement, uncontrolled spills | -Pressure test prior to job, utilize heavy duty hose hobbles and pressure relief valve -Keep rig floor and buffer area clear while pumping -Utilize proper PPE -Have access to water to rinse affected skin -Deploy spill berms and buckets | AC |
| Placement | Unexpected pressure associated with resuming of pumping, serious injury from high pressure line failure catastrophic equipment failure, spills, overpressure of mudlines | -Ensure rig floor remains clear and non-essential personnel stay clear from buffer area -Pump operator monitors pump pressure constantly -Utilize proper PPE -During displacement ensure one mudline valve is always open -Review method of relaying hand signals to rig crew to engage/disengage mud pumps | AC |
| IT STEPS 7 AND 8 AS REQUIRED | | | |
| sh up / rig down | Splashing cement slurry, heavy lifting, pinch points, unsecured hoses | -Utilize stakes or portable tank manifold to secure hoses -Use proper lifting technique (2 man lift, lift with legs, plan your route) | AC |
| part location | Other traffic and personnel and location, overhead lines | -All Bison crew member walk the planned exit route to access possible obstacles and hazards -Utilize spotters while backing | AC |
| General Precautions/Stop Work -If you see a leaking connection, notify the cementer. Do not attempt to hammer up a leaking connection as there may be pressure on the lines. - Any person on location, regardless of their position or experience level has the authority and responsibility to stop the job if they witness an unsafe act or condition. | | | |
| 3 HAZARDS SPECIFIC TO LOCATION OR COMMENT NOT ADDRESSED ABOVE: | | | AC |
| NATED EMERGENCY MUSTER AREA: ENTRANCE | | NEAREST EMERGENCY MEDICAL FACILITY (OTHER THAN 911): sterling | |
| D COUNT- | | | |



| Signature and Company | |
|-----------------------|-------|
| <i>Paul Myers</i> | Bison |
| <i>James H. Hanes</i> | NEL |
| <i>[Signature]</i> | Bison |
| <i>[Signature]</i> | apt |
| <i>[Signature]</i> | BUS |
| <i>[Signature]</i> | BUS |
| <i>[Signature]</i> | BUS |
| <i>[Signature]</i> | BUS |
| <i>[Signature]</i> | BUS |
| <i>[Signature]</i> | BASIC |
| | |
| | |
| | |
| | |

BISON OILWELL CEMENTING JOB SAFETY ANALYSIS WORKSHEET



| | | | |
|---|--|---|----|
| np Space/Mix and Pump tent | Serious injury from high pressure line failure or catastrophic equipment failure. Burns or skin irritation from splashing cement, uncontrolled spills | <ul style="list-style-type: none"> -Pressure test prior to job, utilize heavy duty hose hobbles and pressure relief valve -Keep rig floor and buffer area clear while pumping -Utilize proper PPE -Have access to water to rinse affected skin -Deploy spill berms and buckets | AC |
| placement | Unexpected pressure associated with resuming of pumping, serious injury from high pressure line failure catastrophic equipment failure, spills, overpressure of mudlines | <ul style="list-style-type: none"> -Ensure rig floor remains clear and non-essential personnel stay clear from buffer area -Pump operator monitors pump pressure constantly -Utilize proper PPE -During displacement ensure one mudline valve is always open -Review method of relaying hand signals to rig crew to engage/disengage mud pumps | AC |
| STEPS 7 AND 8 AS REQUIRED | | | |
| sh up / rig down | Splashing cement slurry, heavy lifting, pinch points, unsecured hoses | <ul style="list-style-type: none"> -Utilize stakes or portable tank manifold to secure hoses -Use proper lifting technique (2 man lift, lift with legs, plan your route) | AC |
| part location | Other traffic and personnel and location, overhead lines | <ul style="list-style-type: none"> -All Bison crew member walk the planned exit route to access possible obstacles and hazards -Utilize spotters while backing | AC |
| <p>eneral Precautions/Stop Work</p> <ul style="list-style-type: none"> -If you see a leaking connection, notify the cementer. Do not attempt to hammer up a leaking connection as there may be pressure on the lines. - Any person on location, regardless of their position or experience level has the authority and responsibility to stop the job if they witness an unsafe act or condition. | | | |
| HAZARDS SPECIFIC TO LOCATION OR COMMENT NOT ADDRESSED ABOVE: | | | AC |
| <p>NATED EMERGENCY MUSTER AREA:</p> <p>ENTRANCE</p> | | <p>NEAREST EMERGENCY MEDICAL FACILITY (OTHER THAN 911):</p> <p>KIMBALL</p> | |
| D COUNT- | | | |

BISON OILWELL CEMENTING JOB SAFETY ANALYSIS WORKSHEET



| | | | | | |
|---|--|--|----------------------|---|------|
| ASK: Plug and Abandon | | CEMENTER/SUPERVISOR: aaron carrasco | | PAGE 1 | OF 3 |
| NAME: LILLI | | RIG # BOHLER | LOCATION: hwy CR 129 | DATE: 12-21-13 | |
| ATOR: BOHLER | | CONSULTANT: | | INVOICE # 12807 | |
| REQUIRED: <input type="checkbox"/> Hard Hat <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Steel Toe Boots <input type="checkbox"/> Impact Gloves | | ADDITIONAL PPE (based on job specific hazards) <input type="checkbox"/> FR Coveralls <input type="checkbox"/> Reflective Vest | | <input type="checkbox"/> Goggles <input type="checkbox"/> Faceshield <input type="checkbox"/> Chemical Resistant Gloves <input type="checkbox"/> Chemical Resistant Clothing | |
| | | | | <input type="checkbox"/> Air Purifying Respirator <input type="checkbox"/> Supplied Air Respirator <input type="checkbox"/> Personal H2S Monitor <input type="checkbox"/> Personal Methane Monitor | |
| JOB STEPS | | POTENTIAL HAZARDS | | RECOMMENDED ACTION OR PROCEDURE | |
| Review JSA | | Misunderstanding | | Clarify job and associated hazards and safety concerns | |
| Conduct pre job safety meeting | | Misunderstanding | | -Hold safety meeting with all personnel on location, ensure everyone pays attention to ensure they understand their role and responsibility during the job -Review treatment report with consultant and attain signature for authorization to proceed -Identify and address short service employees (SSE) who are on location -Verify method of relaying hand signals to rig crew for shutting down mud pump | |
| Move trucks in and rig up equipment | | Other traffic on location, overhead lines, pinch points, heavy lifting, slips/falls | | -Coordinate with well site supervisor for directions on where and when to park the equipment -All Bison crew members walk the location prior to driving in to access specific hazards -Utilize spotters when trucks are in motion -Establish buffer zone around equipment utilizing cones and caution tape -Cementer follows up to ensure connections are secure -Lift with your legs and use teamwork when rigging up -Utilize reflective vests and wands to increase visibility at night -Deploy spill berms and buckets -Verify connections on mudline for compatibility | |
| Move hose to rig floor | | Overhead work, improper hook up/load not properly secured, miscommunication between ground personnel and the crane/tugger operator | | -Inspect chains, slings, hooks prior to lift -Ensure line of sight with crane/tugger operator is maintained throughout the lift and hand signals are clarified before the lift. -Ensure no personnel are under suspended loads -Utilize tag line | |
| Attach swage to tubing/Connect to swage on pipe | | Connections/equipment failing under pressure, spills, slips and falls | | -Insure swage has proper pressure rating for the job and falls within the parameters of the <i>Bison Oilwell Cementing Iron Inspection Program</i> -Verify the compatibility of the connections on a swage/join provided by the rig -Minimize number of people on rig floor, utilize Bison personnel to attach cement lines -Be aware of surroundings when swinging a hammer | |
| Pressure test lines | | Test to: | | Pressure relief valve set to: | |
| PSI- 500 | | Equipment failing under high pressures | | PSI- 2000 | |
| Maximum pressure allowed for job: | | | | Max. pump pressure: | |
| PSI- 1000 | | | | PSI- 4000 | |