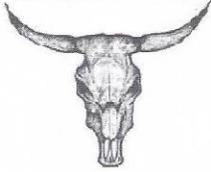


BISON OIL WELL CEMENTING, INC.

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



INVOICE #
 LOCATION
 FOREMAN

12323
 89-56
 Rick

TREATMENT REPORT

DATE	WELL NAME	SECTION	TWP	RGE	COUNTY
2-22-14	Kunsemiller #1	Z1	5N	61W	Weld
BILL TO	CONSULTANT				
Bill Barrett	Casey				
OWNER	RIG NAME & NUMBER				
	major 43				
MAILING ADDRESS	DISTANCE TO LOCATION			UNITS ON LOCATION	
				4020-3703 / 4016-	
CITY	TIME REQUESTED			TIME ARRIVED ON LOCATION	
	4:00 am			4:30 am	
STATE, ZIP	TIME LEFT LOCATION				
	5:30 pm				

WELL DATA

Cement Makeup

HOLE SIZE	TUBING SIZE	PERFORATIONS
	5"	
TOTAL DEPTH	TUBING DEPTH	SHOTS/FT
	3000	
CASING SIZE	TUBING WEIGHT	OPEN HOLE
CASING DEPTH	TUBING CONDITION	TREATMENT VIA
	Good	
CASING WEIGHT	PACKER DEPTH	
CASING CONDITION		
Max Rate		
Max Pressure		

Cement Blend	BFM 3% BKA 1.25 Bsp-sil BFLY		
Cement - Specs	lbs	Yield	Water Requirements
	1415 / 1512	1.39 / 1.27	6.93 / 5.89
Annulus Factor	Capacity Factor		
	.0061		

TYPE OF TREATMENT

Surface Pipe Production Squeeze
 MISC Pump P&A

HYD HHP = RATE X PRESSURE / 40.8

% Excess
 BBL to Pit

DESCRIPTION OF JOB EVENTS

Safety meeting, Rig up, PSI test, Perceman Break Circ, mix & Pump 130 sls cement at 3000 ft at 1415 lbs at 1.39 yield, Disp 10 BBLs H₂O, Break Circ at 800 ft mix & Pump 50 sls cement at 1512 lbs at 1.27 yield Disp 2 BBLs H₂O, Break Circ at 300 ft mix & Pump 50 sls cement at 1512 lbs at 1.27 yield Disp 1/2 BBL, Top off surface thru 1" pipe at 1512 lbs at 1.27 yield at 200 ft Disp 1/2 BBL, washup Rig down.

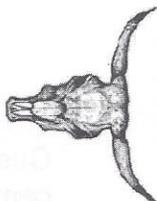
X Casey
 Authorization To Proceed

Co-man.
 Title

2-22-14
 Date

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INVOICE #
 LOCATION
 FOREMAN

12323
 89-56
 P.L.L

Treatment Report Page 2

DESCRIPTION OF JOB EVENTS

	Displace 1			Displace 2			Displace 3			Displace 4			Displace 5		
	BLS	Time	PSI	BLS	Time	PSI	BLS	Time	PSI	BLS	Time	PSI	BLS	Time	PSI
Safety Meeting	5:35am														
MIRU	5:00am														
CIRCULATE	5:50am	0	40	0	9:35	50	0	10:33	40	0		0		0	
Drop Plug		10		10			10			10		10		10	
		20		20			20			20		20		20	
		30		30			30			30		30		30	
		40		40			40			40		40		40	
M & P		50		50			50			50		50		50	
		60		60			60			60		60		60	
Time	Sacks	60		60			60			60		60		60	
		70		70			70			70		70		70	
		80		80			80			80		80		80	
		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: #1 circ 7 BBS H20 m&P 130 Sks 321 BBS slurry Disp 10 BBS H20
 #2 circ 6 BBS H20 9:30am m&P 40 Sks cement 9 BBS slurry Disp 2 BBS H20
 #3 circ 7 BBS H20 10:25am m&P 50 Sks cement 11.3 BBS slurry Disp 1/2 BBS H20
 #4 circ 1 BBS H20 4:19 pm m&P 50 Sks cement 11.3 BBS slurry

X _____ Title _____ Date 2-22-14

X _____ Title CO Man

X _____ Title _____ 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	<u>2-22-14</u>	Invoice Number	<u>12323</u>
Invoice Amount	_____	Well Permit Number	_____
Well Name	<u>Kunsmiller</u>	Well Type	<u>CMS</u>
Well Location	<u>89-56</u>	Well Number	<u>#1</u>
County	<u>weld</u>	Lease	_____
SEC/TWP/RNG	<u>21-S10-61W</u>	Job Type	<u>PIA</u>
State	<u>CO</u>	Company Name	<u>BILL BERRILL</u>
Supervisor Name	<u>Kirk</u>	Customer Representative	<u>Casey</u>
		Customer Phone Number	_____

Employee Name

Chris

Eric

Exposure Hours (Per Employee)

13

13

Total Exposure Hours _____ 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>5</u> Personnel -	Did our personnel perform to your satisfaction ?
<u>5</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>5</u> Product / Material -	Did our products and materials perform as you expected ?
<u>5</u> Health & Safety -	Did we perform in a safe and careful manner (Pre / post mtgs, PPE, TSMR, etc..) ?
<u>5</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>5</u> Condition / Appearance -	Did the equipment condition and appearance meet your expectation?
<u>5</u> Communication -	How well did our personnel communicate during mobilization, rig up, and job execution?
<u>5</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?

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 -

Casey

Customer Representative's Signature

2-22-14

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 12323

Date 2-22-14 Time 5:35 AM PM Meeting Facilitator Kirk Hallen RF
 Facility Name and Location Kunze Miller #1 Work to be Undertaken PIA
 Nearest Emergency Medical Service Number (Other than 911) Groete

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)

- | | | | |
|---|--|---|---|
| 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"/> _____ | <input type="checkbox"/> Personal Fall Arrest Systems |
| | | | <input type="checkbox"/> _____ |

EMERGENCY PREPARATIONS

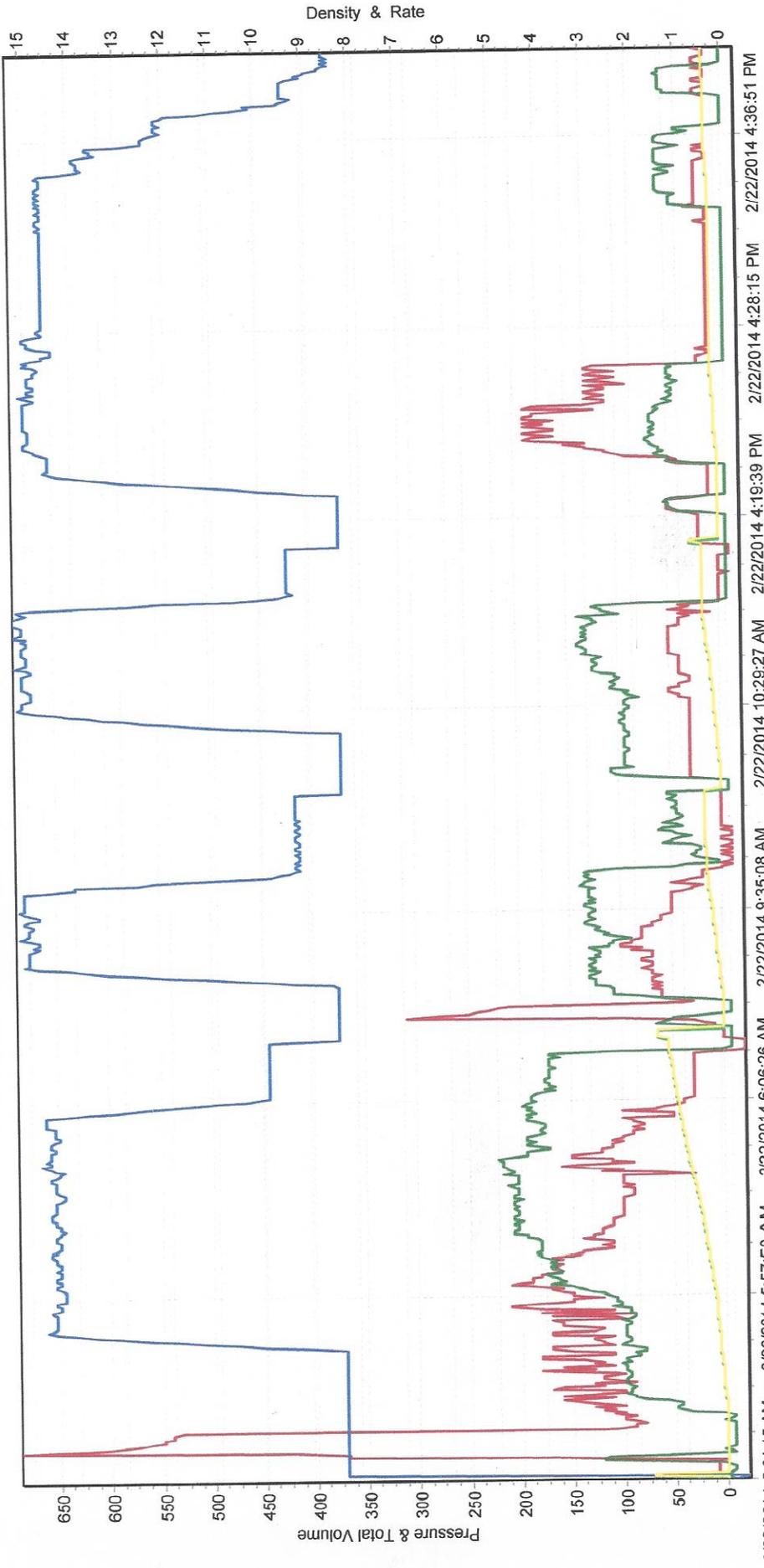
- Muster Areas Communication Methods Means of Egress Emergency Equipment

Additional Topics Covered:

Attendees (Signature)/Company	Attendees (Signature)/Company
<u>[Signature]</u> Bison	<u>[Signature]</u> NOV
<u>[Signature]</u> Major	<u>[Signature]</u> NOV SC
<u>[Signature]</u> Major	<u>[Signature]</u> MDA
<u>[Signature]</u> Major	<u>[Signature]</u> BBL

Other Considerations and Field Notes:

M/D TOTCO 2000 SERIES





BISON
Oil Well Cementing Inc.

PRE TRIP CEMENT CALL OUT SHEET

INVOICE # 12323 DATE/TIME 2-22-14
 WELL NAME Kunsmiller #1 OPERATOR Casey
 CUSTOMER Bill Barrett
 LOCATION/RIG Major 43
 DELIVERED TO 89-56

PRE CHECK CALL OUT 4016-3217

CHECK ITEMS	Supervisor		BULK TRUCK DRIVER	Supervisor	
	Initials	Other Initials		Initials	Other Initials
DRY SAMPLE #	/		VACUUM BREAKER PORT CLEANED & INSPECTED & SPARE ON TRUCK		
REQUIRED CEMENT CONNECTIONS	/		WATER JET AT MIX HEAD REMOVED, INSPECTED & CLEANED		
TYPE OF CEMENT <u>BFW 346</u>	/		CEMENTING HEAD INSPECTED & CLEANED		
# OF LBS/SACKS <u>Full</u>	/		MIX TUB INSPECTED & CLEANED		
FLOAT EQUIPMENT			CENTRIFUGALS GREASED, TIGHTENED & INSPECTED	/	
BEGINNING FUEL <u>3/4</u>	/		DECK MOTORS STARTED	/	
STARTING MILEAGE			VERIFY ALL AIR VALVES ARE FUNCTIONAL		
PERSONAL PROTECTIVE EQUIPMENT	/		VERIFY ALL VALVES ARE FUNCTIONAL ON BULK TRUCK	/	
DRIVING DIRECTIONS	/		VERIFY BERMS ARE ON BULK TRUCK	/	
DRIVERS LOGS UPDATED PRIOR TO LEAVING YARD	/		VERIFY SPARE CEMENT HEAD IS ON BULK TRUCK		
TRUCK PRE TRIP COMPLETED	/		VERIFY 1" TUBING IS ON BULK TRUCK AND ADEQUATELY SECURED	/	
ROCK CATCHERS REMOVED & CLEANED	/		CHECK FOR ADEQUATE SUPPLY OF KCL, DYE AND DEFOAMER	/	
VACUUM BREAKER REMOVED & CLEANED			TOP OFF FUEL IN TRUCKS POST TRIP		
VERIFY CORRECT POP OFF PIN IN PLACE	/		VERIFY PARKING METER GAUGE IS ON TRUCK	/	
VERIFY PRESSURE TRANSDUCERS ARE CLEAN OF CEMENT			DRAIN AIR TANKS		
CLEAN TRUCKS					
TIGHTEN PACKING NUTS ON PLUNGERS					

CEMENT HEAD CHECK LIST

	Supervisor Initials	Other Initials
THREADS		
VALVES		
PIN		

COMMENTS: