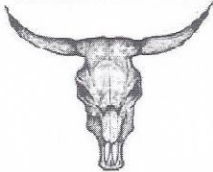


BISON OIL WELL CEMENTING, INC.

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
Kirk

TREATMENT REPORT

DATE	WELL NAME	SECTION	TWP	RGE	COUNTY
2-22-14	Rungemiller #1	21	5N	6W	4016
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	Cement Blend		
	5"		BF 100% BKAH, 25 Bsp-sil BFLY		
TOTAL DEPTH	TUBING DEPTH	SHOTS/FT	Cement - Specs	lbs	Yield
	3000			14.5 / 15.2	1.39 / 1.27
CASING SIZE	TUBING WEIGHT	OPEN HOLE	Annulus Factor	Capacity Factor	
				.0061	
CASING DEPTH	TUBING CONDITION	TREATMENT VIA	TYPE OF TREATMENT		
	Good		<input type="checkbox"/> Surface Pipe <input type="checkbox"/> Production <input type="checkbox"/> Squeeze <input type="checkbox"/> MISC Pump <input checked="" type="checkbox"/> P&A		
CASING WEIGHT	PACKER DEPTH		HYD HHP = RATE X PRESSURE / 40.8		
CASING CONDITION			% Excess		
			BBL to Pit		
Max Rate					
Max Pressure					

DESCRIPTION OF JOB EVENTS

Safety meeting, Rig up, PSI test, Perelman Break Circ, mix Pump 130 SKS cement at 3000 ft at 14.5 lbs at 1.39 yield, Disp 10 BBLs H₂O, Break Circ at 800 ft mix Pump 50 SKS cement at 15.2 lbs at 1.27 yield Disp 2 BBLs H₂O, Break Circ at 300 ft mix Pump 50 SKS cement at 15.2 lbs at 1.27 yield Disp 1/2 BBL, Top off surface thru 1" pipe at 15.2 lbs at 1.27 yield at 200 ft Disp 1/2 BBL, washup Rig down.

X

Authorization To Proceed

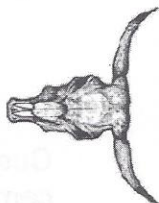
Title

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

12323
89-56
L.H.L

Treatment Report Page 2

DESCRIPTION OF JOB EVENTS

Safety Meeting MIRU CIRCULATE Drop Plug	5'350m 5'000m 5'500m	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
	0	1:04	40	0	4:35	50	0	10:33	40	0			0		
	10			10			10			10			10		
	20			20			20			20			20		
	30			30			30			30			30		
	40			40			40			40			40		
	50			50			50			50			50		
M & P	60			60			60			60			60		
Time	Sacks			70			70			70			70		
5'550m	130			80			80			80			80		
9'320m	40			90			90			90			90		
10'280m	50			100			100			100			100		
4'1'21 pm	50			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: #1 circ 7BBS H20 m&P 130sks 321 BBS slurry Disp 10 BBS H20

#2 circ 6BBS H20 9'300m m&P 40sks cement 9 BBS slurry Disp 2 BBS H20

#3 circ 7BBS H20 10'250m m&P 50sks cement 11.3 BBS slurry Disp 12 BBS H20

#4 circ 1BBS H20 4'19 pm m&P 50sks cement 11.3 BBS slurry

X Casey Taylor Title CO Man X 2-22-14
Work Performed 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 2-22-14
Invoice Amount _____
Well Name Kunsmiller
Well Location 89-56
County Weld
SEC/TWP/RNG 21-SN-61W
State CO
Supervisor Name Kirk

Invoice Number 12323
Well Permit Number _____
Well Type CMS
Well Number #1
Lease _____
Job Type PIA
Company Name BILL BERRILL
Customer Representative CSE
Customer Phone Number _____

Employee Name

Exposure Hours (Per Employee)

Chris
Eric

13
13

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

- 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 -

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 Haller RF
Facility Name and Location Kunze Miller #1 Work to be Undertaken P/A

Nearest Emergency Medical Service Number (Other than 911) 60207

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

EMERGENCY PREPARATIONS

☒ Muster Areas ☒ Communication Methods ☒ Means of Egress ☒ Emergency Equipment

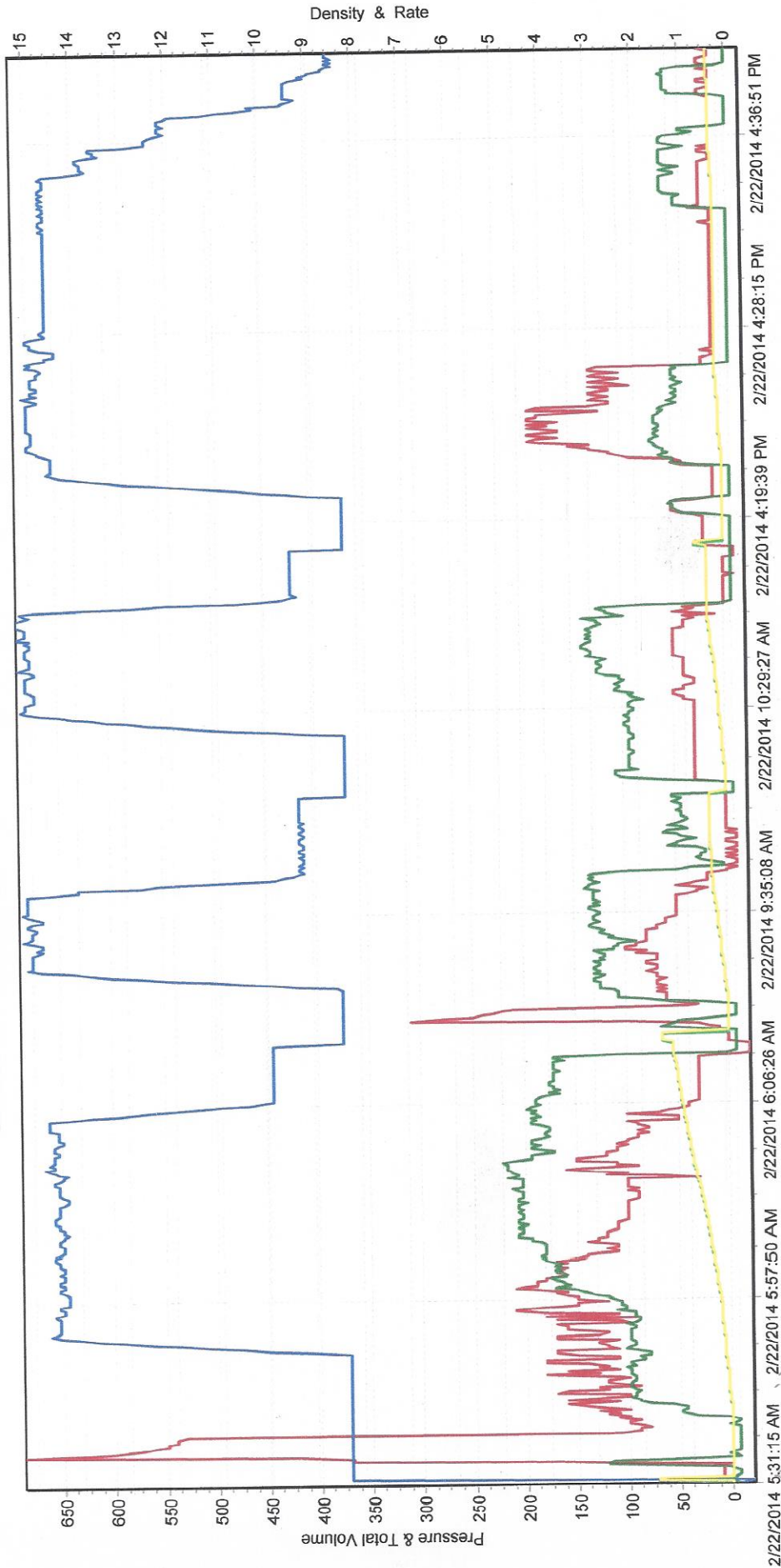
Additional Topics Covered:

Attendees (Signature)/Company	Attendees (Signature)/Company
<u>[Signature]</u> <u>Bison</u>	<u>[Signature]</u> <u>NOV</u>
<u>[Signature]</u> <u>MAJOR</u>	<u>[Signature]</u> <u>MAJOR DRILLING</u>
<u>[Signature]</u> <u>MAJOR</u>	<u>[Signature]</u> <u>NOV FC</u>
<u>[Signature]</u> <u>MAJOR</u>	<u>[Signature]</u> <u>MDA</u>
<u>[Signature]</u> <u>MAJOR</u>	<u>[Signature]</u> <u>BBL</u>

Other Considerations and Field Notes:

M/D TOTCO 2000 SERIES

— PSI — Barrels / Minute — Barrels — Lbs / Gallon — Stage Volume





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 406-3217

CHECK ITEMS	Supervisor Initials	Other Initials	BULK TRUCK DRIVER	Supervisor 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>BFN 346</u>	—		CEMENTING HEAD INSPECTED & CLEANED		
# OF LBS/SACKS <u>11</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: