

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



12122

WELL NO. AND FARM Gallner 027 05	COUNTY Lard	STATE CO	DATE 10-3-14	
CHARGE TO wasp	WELL LOCATION SEC. 27 TWP. 4N RANGE 6W		CONTRACTOR Behner # 6	
		DELIVERED TO 19-412	LOCATION 1 shop	CODE
		SHIPPED VIA 4630-3103 / 4020-8212	LOCATION 2 19-412	CODE
		TYPE AND PURPOSE OF JOB Anomaly fill	LOCATION 3 shop	CODE
			WELL TYPE C95	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

"TAXES WILL BE ADDED AT CORPORATE OFFICE"

_TAX

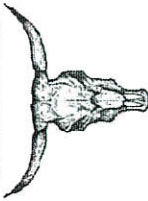
TOTAL

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.



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INVOICE #
LOCATION
FOREMAN

Treatment Report Page 2

DESCRIPTION OF JOB EVENTS

Safety Meeting MIRU CIRCULATE Drop Plug	Displace 1			Displace 2			Displace 3			Displace 4			Displace 5		
	BBLs	Time	PSI	BBLs	Time	PSI	BBLs	Time	PSI	BBLs	Time	PSI	BBLs	Time	PSI
	0	3' 14"	600	0			0			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		
	60			60			60			60			60		
	70			70			70			70			70		
	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		

Notes:

File 10 13315 1470

miripipano 150 sds percent 31.4 BBS class

2012

×

Work Performed

X Chromosome Feeder

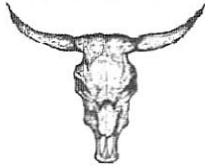
Title

X

Date _____

BISON OIL WELL CEMENTING, INC.

1547 Gaylord Street
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INVOICE #

17182

LOCATION

19-412

FOREMAN

K. J. L.

TREATMENT REPORT

DATE	WELL NAME	SECTION	TWP	RGE	COUNTY
10-3-14	Gallner 027-05	27	4N	67W	Weld
BILL TO		CONSULTANT			
Note		Dennis			
OWNER		RIG NAME & NUMBER			
		Baker #6			
MAILING ADDRESS		DISTANCE TO LOCATION		UNITS ON LOCATION	
		15		4630-3103/	
CITY		TIME REQUESTED		TIME ARRIVED ON LOCATION	
		1:00pm		1:00pm	
STATE, ZIP		TIME LEFT LOCATION			
		4:30pm			

WELL DATA

HOLE SIZE	TUBING SIZE	PERFORATIONS
	1 1/4	
TOTAL DEPTH	TUBING DEPTH	SHOTS/FT
	478	
CASING SIZE	TUBING WEIGHT	OPEN HOLE
	3.02	
CASING DEPTH	TUBING CONDITION	TREATMENT VIA
	Good	
CASING WEIGHT	PACKER DEPTH	
CASING CONDITION		
Max Rate		
Max Pressure		

Cement Makeup

Cement Blend	BFAIII 346 BFA-1 175143 R44-1		
Cement - Specs	lbs	Yield	Water Requirements
	11,2	1.49	7.48
Annulus Factor		Capacity Factor	

TYPE OF TREATMENT

<input type="checkbox"/> Surface Pipe	<input type="checkbox"/> Production	<input type="checkbox"/> Squeeze
<input checked="" type="checkbox"/> MISC Pump	<input type="checkbox"/> P&A	

HYD HHP = RATE X PRESSURE / 40.8

% Excess

BBL to Pit

DESCRIPTION OF JOB EVENTS

Safety meeting, Rig up, PCT test, Perforation Borehole w/10 BBL H2O, misc Pump floods ramp to surface. Day 4 BBL H2O, wash up Rig Down.

X Authorization To Proceed

Title

X 10-3-14 Date

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M/D TOTCO 2000 SERIES

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

