

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)



## No. 42046

WELL NO. AND FARM Finnerman 43-19		COUNTY Weid	STATE Co	DATE 6/19/13	
CHARGE TO Noble (Timbro LD 19-73 HN)		WELL LOCATION SEC. TWP. RANGE		CONTRACTOR Select	
			DELIVERED TO	LOCATION 1 shop	CODE
			SHIPPED VIA	LOCATION 2 119/104	CODE
			TYPE AND PURPOSE OF JOB PTA	LOCATION 3 shop	CODE
				WELL TYPE oil	CODE

PRICE REFERENCE	DESCRIPTION	UNITS		UNIT PRICE	AMOUNT
		QTY.	MEAS.		
	pump charge	1	EA		
	Equipment Charge x 2	288	M		
	p/u mileage	144	M		
	CEMENT Type G	645	SK		
	Data charge	1	EA		
	Iron Inspection	1	EA		
	Day 2 top off rig up fee	1	EA		
	milage x 2 truck	288	M		
	p/u milage Timmerman 4-90	144	M		
	cement BEN III	125	SK		
	136784				
	3.2/19				
	Kellum				
	Total Weight		Ton Miles		
	Loaded 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

**"TAXES WILL BE ADDED AT CORPORATE OFFICE"**

**SUBJECT TO CORRECTION**

Customer or His Agent

Bison 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.

1547 Gaylord Street  
Denver, Colorado 80206  
Phone: 303-296-3010  
Fax: 303-298-8143  
E-mail: blsonoil1@qwestoffice.net



INVOICE #  
LOCATION  
FOREMAN

12016  
119/104  
Brad

## TREATMENT REPORT

DATE 6/19/13	WELL NAME Timmerman 43-19	SECTION	TWP	RGE	COUNTY Weld
BILL TO Noble (Timbro LD 19-73 HN)		CONSULTANT Kelly			
OWNER		RIG NAME & NUMBER Select			
MAILING ADDRESS		DISTANCE TO LOCATION 77		UNITS ON LOCATION 4025, 4022, 3104, 109	
CITY		TIME REQUESTED 9:00		TIME ARRIVED ON LOCATION 9:00	
STATE, ZIP		TIME LEFT LOCATION 1:00			
WELL DATA			Cement Makeup		
HOLE SIZE	TUBING SIZE 2 7/8	PERFORATIONS	Cement Blend Neat G		
TOTAL DEPTH	TUBING DEPTH 3007	SHOTS/FT	Cement - Specs	lbs 15.8	Yield 1.15
CASING SIZE	TUBING WEIGHT 6.5	OPEN HOLE	Annulus Factor	Capacity Factor .00579	
CASING DEPTH	TUBING CONDITION	TREATMENT VIA	TYPE OF TREATMENT		
CASING WEIGHT	PACKER DEPTH		<input type="checkbox"/> Surface Pipe <input type="checkbox"/> MISC Pump <input checked="" type="checkbox"/> Production <input type="checkbox"/> Squeeze <input type="checkbox"/> P&A		
CASING CONDITION			HYD HHP = RATE X PRESSURE / 40.8		
Max Rate 4 bbl/min	Max Pressure 1500		% Excess BBL to Pit N/A		

## DESCRIPTION OF JOB EVENTS

M&P plug #1 @ 3007' @ 15.8 lb, 100 sks @ 12 bbls of mix, Displace 14 bbls  
M&P plug #2 @ 688' @ 15.8 lb till cement @ surface & Displace 3 bbls

X

Authorization To Proceed

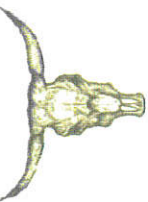
Title

X

Date

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INVOICE #  
 LOCATION  
 FOREMAN

12016  
 119/104  
 Brad

## Treatment Report Page 2

### DESCRIPTION OF JOB EVENTS

		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
Safety Meeting	10:00															
MIRU	9:00															
CIRCULATE	10:07	0			23	12:16	90	0			0			0		
Drop Plug		104	10:24	130	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			70		
10:16 start	100	80			80			80			80			80		
10:23 Finish		90			90			90			90			90		
11:30 start	545	100			100			100			100			100		
12:06		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:

X

Title

X 6-19-13

Date



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## B.O.C. Tailgate Safety Meeting Report

INVOICE 12016

Date 6/19/13 Time 10:00 ☒ AM ☐ PM Meeting Facilitator Brad

Facility Name and Location Timmerman 43-19 Work to be Undertaken ATA

Nearest Emergency Medical Service Number (Other than 911) sterling

### 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 checked="" 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 type="checkbox"/> Overhead work/suspended Loads/Chains/Slings       | <input type="checkbox"/> Walking/Working Surfaces    |
| <input checked="" type="checkbox"/> Extreme Heat/Cold          | <input type="checkbox"/> Trapped Pressure                                  | <input type="checkbox"/> Noise Levels                |
| <input checked="" type="checkbox"/> Electrical Current         | <input type="checkbox"/> Flammable/Combustible/Explosives                  | <input type="checkbox"/> Sharp Edges                 |
| <input checked="" type="checkbox"/> Overexertion/Heavy Lifting | <input checked="" type="checkbox"/> Pinch Points/Moving/Rotating Equipment | <input type="checkbox"/> Insects/Snakes/etc.         |
| <input checked="" type="checkbox"/> Spills/Releases            | <input type="checkbox"/> Waste Handling/Disposal                           | <input type="checkbox"/> MSDS's Reviewed             |
| <input checked="" type="checkbox"/> Flying Particles           | <input type="checkbox"/> Excavation Collapse                               | <input type="checkbox"/> Walk Around Site Assessment |
| <input checked="" type="checkbox"/> Overhead Power Lines       | <input type="checkbox"/> _____   | <input type="checkbox"/> _____                       |

### 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"/> _____            | <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>Brad</u>	
<u>ARON</u>	
<u>son</u>	

Other Considerations and Field Notes:



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www.Bisonoilwell.com

### Cementing Customer Satisfaction Survey

Service Date 6/19/13  
Invoice Amount \_\_\_\_\_  
Well Name Timmerman 43-19  
Well Location 119/104  
County Weld  
SEC/TWP/RNG \_\_\_\_\_  
State CO  
Supervisor Name BRAD

Invoice Number 12016  
Well Permit Number \_\_\_\_\_  
Well Type OIL  
Well Number 43-19  
Lease \_\_\_\_\_  
Job Type P9A  
Company Name Noble  
Customer Representative \_\_\_\_\_  
Customer Phone Number \_\_\_\_\_

Employee Name

Exposure Hours (Per Employee)

BRAD  
Arnon  
Jon

3  
3  
3

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 -
- 7 Equipment -
- 7 Job Design -
- 7 Product / Material -
- 7 Health & Safety -
- 7 Environmental -
- 7 Timeliness -
- 7 Condition / Appearance -
- 7 Communication -
- 7 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