

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

12016
 119/104
 Brad

TREATMENT REPORT

DATE	WELL NAME	SECTION	TWP	RGE	COUNTY
6/19/13	Timmerman 43-19				Weld
BILL TO	CONSULTANT				
Noble (Timbro LD 19-73 HN)	Kelly				
OWNER	RIG NAME & NUMBER				
	select				
MAILING ADDRESS	DISTANCE TO LOCATION		UNITS ON LOCATION		
	77		4025, 4022, 3104, 109		
CITY	TIME REQUESTED		TIME ARRIVED ON LOCATION		
	9:00		9:00		
STATE, ZIP	TIME LEFT LOCATION				
	1:00				

WELL DATA			Cement Makeup			
HOLE SIZE	TUBING SIZE	PERFORATIONS	Cement Blend	neat G		
	2 7/8		Cement - Specs	lbs	Yield	Water Requirements
TOTAL DEPTH	TUBING DEPTH	SHOTS/FT		15.8	1.15	5.0
	3007		Annulus Factor	Capacity Factor		
CASING SIZE	TUBING WEIGHT	OPEN HOLE		.00579		
	6.5		TYPE OF TREATMENT <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 DEPTH	TUBING CONDITION	TREATMENT VIA	HYD HHP = RATE X PRESSURE / 40.8 % Excess <input type="checkbox"/> BBL to Pit			
			N/A			
CASING WEIGHT	PACKER DEPTH					
CASING CONDITION						
Max Rate	4 bbl/min					
Max Pressure	1500					

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 Kelly _____ Title _____ X 6/19/13 Date _____
 Authorization To Proceed

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.



1738 Wynkoop St., Ste. 102
 Denver, Colorado 80202
 Phone: 303-296-3010
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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 PTA
 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 type="checkbox"/> Falling from Heights | <input type="checkbox"/> NORM or Other Radiation | <input type="checkbox"/> Hazardous Atmosphere |
| <input type="checkbox"/> Slips/Trips/Falls | <input type="checkbox"/> Overhead work/suspended Loads/Chains/Slings | <input type="checkbox"/> Walking/Working Surfaces |
| <input type="checkbox"/> Extreme Heat/Cold | <input 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 type="checkbox"/> Excavation Collapse | <input 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>BRAD</u>	
<u>ARLON</u>	
<u>SON</u>	

Other Considerations and Field Notes:



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Cementing Customer Satisfaction Survey

Service Date 6/19/13 Invoice Number 12016
 Invoice Amount _____ Well Permit Number _____
 Well Name Timmerman 43-19 Well Type oil
 Well Location 119/104 Well Number 43-19
 County Weld Lease _____
 SEC/TWP/RNG _____ Job Type P9A
 State CO Company Name Noble
 Supervisor Name BRAD Customer Representative _____
 Customer Phone Number _____

Employee Name	Exposure Hours (Per Employee)
<u>BRAD</u>	<u>3</u>
<u>Arnon</u>	<u>3</u>
<u>Jon</u>	<u>3</u>
_____	_____
_____	_____
Total Exposure Hours <u>9</u>	Did we encounter any problems on this job? Yes / <u>No</u>

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>7</u> Equipment -	Did our equipment perform to your satisfaction ?
_____ Job Design -	Did we perform the job to the agreed upon design ?
_____ Product / Material -	Did our products and materials perform as you expected ?
_____ Health & Safety -	Did we perform in a safe and careful manner (Pre / post mtgs, PPE, TSMR, etc..) ?
_____ Environmental -	Did we perform in an environmentally sound manner (Spills, leaks, cleanup, etc..) ?
_____ Timeliness -	Was job performed as scheduled(On time to site, accessible to customer, completed when expected)?
_____ Condition / Appearance -	Did the equipment condition and appearance meet your expectation?
_____ Communication -	How well did our personnel communicate during mobilization, rig up, and job execution?
_____ 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 -

Customer Representative's Signature _____ Date _____
 Any additional Customer Comments or HSE concerns should be described on the back of this form