

# **Post Job Report**

**Bonanza Creek**

**State Pronghorn A-E-16HNB**

**Surface Casing**

**API: 005-123-39066**

**7/10/2014**



**JOB SITE HSE MEETING REPORT & EMERGENCY RESPONSE PLAN**

39198 (rev 4-98)

**1. Location Information:**

Date <b>07/10/14</b>	SALES ORDER NUMBER <b>C4CO3029</b>	Customer <b>Bonanza Creek</b>	Well NAME <b>State Pronghorn A-E-16HNB</b>
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List of employees on site (In case of evacuation, check boxes as employees are accounted for -use additional paper if needed)

<input checked="" type="checkbox"/> N.Vigil	<input checked="" type="checkbox"/> <i>Chris Madari</i>	<input checked="" type="checkbox"/> <i>Robert Pophell</i>	<input type="checkbox"/>
<input checked="" type="checkbox"/> J.Chavez	<input checked="" type="checkbox"/> <i>Joe Gurd</i>	<input checked="" type="checkbox"/> <i>Luke Sanders</i>	<input type="checkbox"/>
<input checked="" type="checkbox"/> A.Vasquez	<input checked="" type="checkbox"/> <i>Christina Sanchez</i>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> W.Aaron	<input checked="" type="checkbox"/> <i>Dylan Cushman</i>	<input type="checkbox"/>	<input type="checkbox"/>

**2. Rig up to the well**

<input type="checkbox"/> Flow path to the well is installed and open.  <input type="checkbox"/> Flow path out of the well is installed and open.  <input type="checkbox"/> All flow paths and valve position have been discussed and a walkthrough was performed to confirm valve position.	<p><u>Rigup Diagram.</u></p>
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**3. Discussion of Hazards**

<b>Hazards Found at the Job Site</b>	
<input type="checkbox"/> <b>Electrical</b> Discuss location of electrical lines and power sources in relation to equipment and lines. <input type="checkbox"/> <b>Chemicals</b> Discuss possible exposures to substances such as dusts, chemicals, vapors, radioactive material, explosives, and Fla./combustible materials. Provide MSDS sheets, H2S, Gas/Fla. Gases. <input type="checkbox"/> <b>Overhead</b> Discuss overhead hazards (e.g. guy wires, DME, chains, pulleys, hazards while on the rig floor or under the rig floor. <input type="checkbox"/> <b>Cranes, Masts, Booms</b> Discuss hazards associated with overhead lifting devices. <input type="checkbox"/> <b>Weather</b> Discuss weather conditions (e.g. heat, cold, ice, snow, rain, wind, dust, visibility, etc.) <input type="checkbox"/> <b>Chemical spills &amp; releases</b> Tote Tanks, Frac Tanks, drums, hose connections, and pumps. <input type="checkbox"/> <b>Ignition Sources</b> Discuss possible ignition sources (e.g. engines, electrical equipment, open flames, smoking, etc.) <input type="checkbox"/> <b>Well Bore Fluids or Gases</b> Discuss Shale Shaker, Frac Tanks, return lines, and vent lines.	<input type="checkbox"/> <b>Confined Spaces</b> Discuss any required entry into confined spaces (e.g. cellars, tanks, pits) <input type="checkbox"/> <b>Noise</b> Discuss areas with high noise levels and avoid these areas or provide hearing protection. <input type="checkbox"/> <b>Walking/Working Surfaces</b> Discuss the terrain where the rig up and job will occur (e.g. boards, limestone, mud, stairways, walkways, the derrick, and the rig floor) <input type="checkbox"/> <b>Lifting</b> Discuss the proper lifting techniques and ways to eliminate or reduce heavy lifting such as forklifts, cranes, and sharing the load. <input type="checkbox"/> <b>Falling</b> Discuss job procedures requiring work at heights greater than 10 ft. <input type="checkbox"/> <b>Pressure</b> Discuss pressure hazards such as DME and bulk tanks. <input type="checkbox"/> <b>LO/TO</b> Discuss equipment that has been locked or tagged out.

**4. Hazard Controls**

<input type="checkbox"/> <b>Personal Protective Equipment</b> Discuss required PPE such as respirators, head protection, hearing protection, protective footwear, hand and skin protection and fall protection. <input type="checkbox"/> <b>Physical Barriers</b> Discuss items such as hose covers, line tie-downs, gaurds, railings, and inert gas blankets. <input type="checkbox"/> <b>Weather</b> Discuss controll measures for weather factors <input type="checkbox"/> <b>Ignition Sources Controls</b> Discuss control measures for ignition sources such as the use of spark arrestors, emergency shutdown procdedures, and NO SMOKING rules. <input type="checkbox"/> <b>Cranes, Masts, Booms</b> Safe working capacities have been calculated per charts on equipment and will not be overloaded.	<input type="checkbox"/> <b>Safety Equipment</b> Discuss safety items such as pop-off valves, fire extinguishers, and commuicaiton devices. <input type="checkbox"/> <b>Vents</b> Discuss vent lines for frac tanks and bulk tanks <input type="checkbox"/> <b>Equipment monitored for leaks</b> during job and contained <input type="checkbox"/> <b>Equipment washup</b> per customers instructions. <input type="checkbox"/> <b>Equipment drip pans</b> drained in approved containers prior to leaving location. <input type="checkbox"/> <b>All empty containers</b> must be returned to facility (sacks, pails, and drums) <input type="checkbox"/> <b>Waste Handling</b> Discuss chemical and waste handling procedures
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**5. Contingency Plans for Emergencies**

<input type="checkbox"/> <b>Location of Eyewash/Safety Shower Station</b> Discuss the location of the eyewash/safety shower station and how to use it. <input type="checkbox"/> <b>Assembly Points</b> Discuss where to gather in the event of an emergency <input type="checkbox"/> <b>Fire Fighting</b> Discuss fire fighting reponsibilities with the appropriate personnel (trained and equipped only) <input type="checkbox"/> <b>Wind Direction</b> Discuss the wind direction and how it may change the contingency plan such as the assembly area location and discuss how to detect wind direction (windsocks, streamers, etc.) <input type="checkbox"/> <b>First Aid Station</b> Point out the location of the first aid kit and who is responsible for administering first aid. <input type="checkbox"/> <b>Reporting Spills</b> Discuss measures used for spill reporting <input type="checkbox"/> <b>Spill Response Kit</b> Review Location of Spill Response Kit. <input type="checkbox"/> <b>Contaminated Soil</b> Discuss Procedures for spill/leak cleanup.	<input type="checkbox"/> <b>Injury and Accident Procedures</b> Discuss personnel responsibilities and procedures in the event of an injury or accident. <input type="checkbox"/> <b>Rescure Procedures</b> Discuss rescure procedures with the appropriate personnel (trained and equipped) <input type="checkbox"/> <b>Emergency Shutdown Procedures</b> Discuss when, how, and what to shut down in the event of an emergency. <input type="checkbox"/> <b>Recovery Procedures</b> Discuss how to return to normal operation after an emergency shutdown. <input type="checkbox"/> <b>Nearest Hospital</b> The best route of travel along with everyone understanding which vehicle will be used as the ambulance. <p><b>Head Count</b></p> <p>Employees <u>    4    </u></p> <p>Other <u>          </u></p> <p>Total <u>    4    </u></p>
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**5. Roles and Responsibilities**

Communicated  Signed

**6. Emergency Escape Procedures** (Communicate the following information with all employees on location.)

Safe Refuge Area and /or Meeting Point:

Note: If wind direction changes do not proceed to gathering point, but rather proceed upwind after observing wind direction indicator.

**Evacuation may occur on site because of:** (check appropriate boxes) **The following equipment is required on location** (check appropriate boxes)

<input checked="" type="checkbox"/> Release of H2s above 10 ppm	<input checked="" type="checkbox"/> H2S Monitors
<input checked="" type="checkbox"/> Blowout	<input type="checkbox"/> Combustible Gas Monitors
<input checked="" type="checkbox"/> Release of flammable gasses	<input checked="" type="checkbox"/> Wind Direction Indicator (Windssocks, Streamers, ect.)
<input checked="" type="checkbox"/> Release of other gasses	<input type="checkbox"/> Escape respirators (one for each employee)
<input checked="" type="checkbox"/> Fire	<input type="checkbox"/> Full facepiece positive pressure SCBA

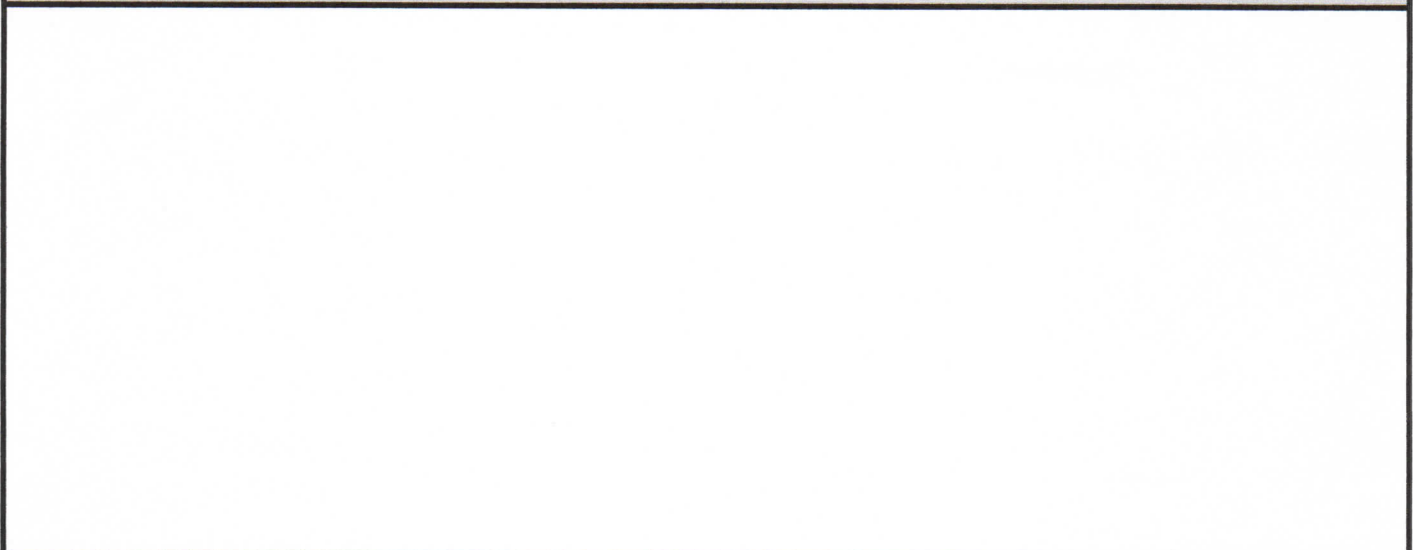
**7. Emergency Telephone Numbers and/or Method of Contact**

Sheriff: 911	Hospital (actual phone number other than 911):
Supervisor: Nick Vigil	Customer:
First Aid Responders on this site (Names):	Designated emergency vehicle & mobile phone number:

**8. Rescue Procedures** If emergency rescue is necessary, the following is required: (check appropriate boxes)

<input type="checkbox"/> Full Facepiece SCBA (30 min.)	<input type="checkbox"/> Escape Respirators
<input checked="" type="checkbox"/> Protective Clothing	<input type="checkbox"/> Monitoring Equipment
List: COVERALL, HARDHAT, STEEL TOE, SAFE GLASSES, GLOVES	List:

**9. Site Plan** (Draw the location, indicate wind direction, and mark the safe area/meeting point.)



**10. Postjob HSE Meeting** (Note: Enter information in IRJ) Date: Time:

Check appropriate box for each incident event		<input type="checkbox"/> Vehicle Accident	<input checked="" type="checkbox"/> Vehicle Accident
<input type="checkbox"/> Injury	<input type="checkbox"/> No Injuries	<input type="checkbox"/> Spill	<input type="checkbox"/> Near Miss
<input checked="" type="checkbox"/> Location is as clean as when we arrived.	<input checked="" type="checkbox"/> No Near Misses		
Is follow up with customer needed		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Comments

Customer Representative: Jason Hansen  
THERMASOURCE REPRESENTATIVE: Nick Vigil



**ThermaSource**  
Cementing, Inc.

**JOB SUMMARY**

JOB DATE	07/10/14
SUPERVISOR	Nick Vigil
CITY	Kersey
Sales Order #	C4CO3029

CUSTOMER	Bonanza Creek	CUSTOMER REP.	Jason Hansen	TICKET AMOUNT	
WELL TYPE	Surface Casing	STATE	CO	COUNTY	Weld
WELL NAME AND NUMBER	State Pronghorn A-E-16HNB	SEC / TWN / RNG	S:16 T:5N R:61W	API #	05-123-39066-00

EMP NAME	EXP. HOUR	EQUIPMENT	R/T MILES	EMP NAME	EXP. HOUR	EQUIPMENT	R/T MILES
N.Vigil		6312	100				
J.Chavez		6106/6212	100				
A.Vasquez		6104/6202	100				
W.Aaron							

DATE TIME	CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED	LEAVE LOCATION
	1:00 AM	5:00 AM	7:00 AM		

WELL TUBULAR DATA						CASING TOOLS AND ATTACHMENTS		
TUBULAR NAME	NEW/USED	WEIGHT	SIZE	FROM	TO	NAME	QTY	MAKE
Open Hole			13 1/2"	0'	478'			
Surface Casing			9 5/8"	0	478'			

BHST	° F	BHCT	° F	MUD TEMP IN	° F	MUD TEMP OUT	° F	CIRCULATION TIME	HR
WELL TD	FT	CASING DEPTH	FT	SHOE JOINT	FT				

JOB PROCEDURE AND MATERIALS							
STAGE	FLUID NAME	VOLUME (BBL)	BULK(SK)	FLUID DESCRIPTION	WATER REQ.	YIELD	DENSITY (PPG)
1	Spacer	10		Fresh Water Spacer			8.34
2	Surface Lead	37	163	Surface Lead	5.87	1.27	15.2
3	Surface Tail	37.2	163	Surface Tail	5.87	1.28	15.2
4							
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12							
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14							
15							

OTHER JOB NOTES

THE INFORMATION STATED HEREIN IS CORRECT  
 CUSTOMER REPRESENTATIVE Jason Hansen SIGNATURE

C4003029

Sales Order No.



Nick Vigil

TCI Employee

07/10/14

Date

WORK ORDER CONTRACT

THIS WORK ORDER CONTRACT MUST BE SIGNED BEFORE WORK IS COMMENCED AND IS APPLICABLE ONLY TO THE SALES ORDER NUMBER ABOVE.

THERMASOURCE CEMENTING, INC., DOING BUSINESS AS THERMASOURCE CEMENTING (hereinafter "TCI") SHALL FURNISH AND/OR DELIVER SERVICES, PRODUCTS, EQUIPMENT AND/OR MATERIALS TO THE CUSTOMER LISTED BELOW AS AN INDEPENDENT CONTRACTOR FOR THE PURPOSE OF SERVICING THE CUSTOMER IN ACCORDANCE WITH THE TERMS BELOW:

Table with columns: Customer (Bonanza Creek), County (Weld), State (CO), Well(s) No. (State Pronghorn A-E-16HNB), Well Owner/Permit No. (05-123-39066-00)

1. CUSTOMER REPRESENTATION - Customer warrants that the well(s) listed above is in proper condition and able to receive the services, products, equipment and/or materials to be furnished and/or delivered by TCI

2. PRICE AND PAYMENT - The services, products, equipment and/or materials to be supplied hereunder are priced in accordance with TCI's current price list. All prices are exclusive of any applicable taxes. Invoices are due net twenty days from the date of invoice.

3. LIMITED WARRANTY - TCI warrants only title to the equipment, products and materials supplied under this Contract and that same are free from defects in workmanship and materials. THERE ARE NO OTHER WARRANTIES, EXPRESS OR IMPLIED, OF MERCHANTABILITY, FITNESS FOR PARTICULAR PURPOSE OR OTHERWISE BEYOND THOSE STATED IN THE IMMEDIATELY PRECEDING SENTENCE.

4. EQUIPMENT AND WASTE LIABILITY - Customer shall, at its risk and expense, attempt to recover any TCI equipment lost or lodged in the well. If the equipment is recovered and repairable, Customer shall pay the repair costs including transportation costs, unless caused by TCI's sole negligence or willful misconduct.

5. RELEASE AND INDEMNITY

(a) Customer agrees to RELEASE TCI from any and all liability for any and all damages whatsoever to property of any kind owned by, in the possession of, or leased by Customer and those persons and entities Customer has the ability to bind by contract or which are co-interest owners or joint ventures with Customer.

(b) The Customer agrees to WAIVE and RELEASE TCI from any and all claims arising out of or in connection with the failure, degradation or deterioration of equipment or materials supplied or owned by Customer, the quality characteristics or impact of geothermal fluids and its condensates; contamination of ground and surface water, or land due to drilling; steam production capabilities; loss of electric generation due to performance of the services; site and offsite contamination due to, but not limited to, airborne particulate, water runoff or subterranean and surface transportation; or acts or omissions of Customer's subcontractors and other contractors.

(c) Customer also agrees to DEFEND, INDEMNIFY, AND HOLD TCI HARMLESS from and against any and all liability, claims, costs, expenses, attorney fees and damages whatsoever for personal injury, illness, death, property damage and loss resulting from the negligent or willful misconduct or omissions of Customer, its employees or agents; any Customer breach under this Contract, including failure to legally dispose of waste; the occurrence of any of the items in 5(b) above; any blowout, cratering, pollution, contamination, damage to or loss of well, reservoir or formation, or any surface damage arising from activities below ground level of the rotary table no matter the cause; and loss of well control, services to control a wild well whether underground or above the surface, reservoir or underground damage, including loss mineral substances or water, surface damage arising from underground damage, damage to or loss of the well bore, subsurface trespass or any action in the nature thereof, fire, explosion, subsurface pressure, radioactivity, pollution, contamination or its cleanup and control.

6. INSURANCE. Customer agrees to maintain liability insurance having limits of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate. Customer agrees that its liability under this Contract is not limited by the amounts of its insurance coverage, except where and as may be required by applicable local law for the provisions of this Contract to be enforceable.

7. GOVERNING LAW. This Contract shall be interpreted in accordance with the laws of the State of California without reference to conflict of laws principles.

8. DISPUTE RESOLUTION. Customer and TCI agree that any dispute that may arise out of the performance of this Contract shall be resolved initially by negotiation including submitting to senior management for attempted resolution for a period not less than 30 days from date of notice. If not settled, the dispute shall be resolved by binding arbitration of one independent arbitrator appointed in accordance with the Commercial Rules of American Arbitration Association, and such rules shall apply to the arbitration. The arbitration will take place in a mutually agreeable location in California.

9. SEVERABILITY; ENTIRE AGREEMENT. Should any provision or part thereof of this Contract be held invalid, void, or of no effect for any reason, such holding shall not be deemed to affect the validity of the remaining provisions of this Contract which can be given effect, without the invalid provision or part thereof. Customer and TCI agree that any provision of this Contract that is unenforceable or void under applicable law shall be modified to achieve the intent of the parties hereunder to the greatest extent allowed by applicable law. Unless there is another written, signed agreement between the parties, this Contract shall be the exclusive agreement between the parties regarding the subject matter hereof. In the event the parties have another signed written agreement, and the terms of such agreement conflict with the terms of this Contract, the terms of such other agreement shall control.

10. MODIFICATIONS. TCI shall not be bound by any modifications to this Contract, except where such modification is made in writing by a duly authorized officer of TCI. Requests for modifications should be directed to TCI Legal Department, 3883 Airway Drive, Suite 340, Santa Rosa CA 95403.

Customer Acceptance of Work Order Contract Terms.

Upon the signature of the acknowledgment below or by allowance of TCI services on Customer well(s), Customer accepts the contract terms stated above.

I HAVE READ AND UNDERSTAND THIS CONTRACT WHICH CONTAINS RELEASE AND INDEMNITY LANGUAGE WHICH I, ON BEHALF OF CUSTOMER, ACKNOWLEDGE IS CONSPICUOUS AND AFFORDS FAIR AND ADEQUATE NOTICE AND I REPRESENT THAT I AM AUTHORIZED TO SIGN THE SAME AS CUSTOMER'S AGENT.

Customer Authorized Agent Signature

Jason Hansen

Date

Print Name and Title

Customer Acceptance of Services and/or Materials.

Upon the signature of the acknowledgment below or retention of services and/or materials, Customer accepts the services rendered and title of materials is transferred.

I, ON BEHALF OF CUSTOMER, HEREBY ACKNOWLEDGE RECEIPT OF THE SERVICES AND MATERIALS DESCRIBED IN THE APPLICABLE SALES ORDER

Customer Authorized Agent Signature

Jason Hansen

Date

Print Name and Title