

# **Post Job Report**

**Bonanza Creek**

**State Pronghorn X-D-29HNC**

**Surface Casing**

**API: 005-123-40062**

**2/2/2015**



**CALL FOR SALES OR SERVICE**

CUSTOMER COMPANY <b>Bonanza Creek</b>	SALES ORDER # <b>C5CO3030</b>	JOB DATE <b>02/12/15</b>
CUSTOMER NUMBER	LEGALS <b>S: 29 T: 5N R: 61W</b>	CITY, STATE <b>Masters, CO</b>
LEASE <b>State Pronghorn X-D-29HNC</b>	CONTRACTOR <b>Bonanza Creek</b>	COUNTY <b>Weld</b>
API # <b>5 - 123 - 40062</b>	ZIP <b>80202</b>	MILEAGE <b>100 r/t</b>
JOB TYPE AND DISCOUNT <b>Surface Pipe</b>		

**DIRECTIONS:**

**CR 68 and Cr 89 south 2/10 pass Cr 52 rig on Right side**

Misc. Equipment					Well & Pipe Data				
Type and Size	QTY		CMT HEAD	THD	Wellbore Information		SIZE	FROM	TO
9.625 Cement Head	1	9.625"	1	8rd	Open Hole		13.5"	0'	790'
9.625 Top plug	1				Surface		9.625"	0'	750'

Spacer Data										
Stage	Sacks	Bbls	Type	Additives				Water	Yield	Density
Spacer 1		20	H2O							

Cement Data									
Rocky Cem C2									
Sacks	410	Sacks		Sacks		Sacks		Sacks	
Cu/Ft	733.9	Cu/Ft		Cu/Ft		Cu/Ft		Cu/Ft	
BBLS	130.7	BBLS		BBLS		BBLS		Type	
Standard type I / II									
5% R Gyp									
2% CaCl2									
2% RSMS									
Yield	1.79	Yield		Yield		Yield		Yield	
Density	13.50	Density		Density		Density		Density	
Water	9.40	Water		Water		Water		Water	

**Additional Comments or Instructions**

ORDERED BY	OFFICE PHONE	CELL PHONE	PAGER	TIME OF CALL
CALL TAKEN BY <b>Corey Barras</b>	OFFICE PHONE <b>970)360-7023</b>	CELL PHONE <b>970)673-9152</b>	PAGER	TIME READY

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

39198 (rev 4-98)

**1. Location Information:**

Date	SALES ORDER NUMBER	Customer	Well NAME
02/12/15	C5CO3030	Bonanza Creek	State Pronghorn X-D-29HNC

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"/>	Nick Vigil	<input type="checkbox"/>	<i>[Signature]</i>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Dave Wellmann	<input type="checkbox"/>	<i>[Signature]</i>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Chad Bruns	<input type="checkbox"/>	<i>[Signature]</i>	<input type="checkbox"/>
<input type="checkbox"/>	<i>[Signature]</i>	<input type="checkbox"/>	<i>[Signature]</i>	<input type="checkbox"/>

**2. Rig up to the well**

<input checked="" 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 checked="" type="checkbox"/> All flow paths and valve position have been discussed and a walkthrough was performed to confirm valve position.	<b>Rigup Diagram.</b>
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**3. Discussion of Hazards**

Hazards Found at the Job Site	
<input type="checkbox"/> <b>Electrical</b> Discuss location of electrical lines and power sources in relation to equipment and lines	<input type="checkbox"/> <b>Confined Spaces</b> Discuss any required entry into confined spaces (e.g. cellars, tanks, pits)
<input checked="" type="checkbox"/> <b>Chemicals</b> Discuss possible exposures to substances such as dusts, chemicals, vapors, radioactive material, explosives, and flammable materials. Provide MSDS sheets: H2S, Gas Fla, Gases	<input checked="" type="checkbox"/> <b>Noise</b> Discuss areas with high noise levels and avoid these areas or provide hearing protection.
<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 checked="" 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>Cranes, Masts, Booms</b> Discuss hazards associated with overhead lifting devices	<input checked="" 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>Weather</b> Discuss weather conditions (e.g. heat, cold, ice, snow, rain, wind, dust, visibility, etc.)	<input type="checkbox"/> <b>Falling</b> Discuss job procedures requiring work at heights greater than 10 ft.
<input checked="" type="checkbox"/> <b>Chemical spills &amp; releases</b> Tote Tanks, Frac Tanks, drums, hose connections, and pumps	<input checked="" type="checkbox"/> <b>Pressure</b> Discuss pressure hazards such as DME and bulk tanks.
<input type="checkbox"/> <b>Ignition Sources</b> Discuss possible ignition sources (e.g. engines, electrical equipment, open flames, smoking, etc.)	<input type="checkbox"/> <b>LO/TO</b> Discuss equipment that has been locked or tagged out.
<input type="checkbox"/> <b>Well Bore Fluids or Gases</b> Discuss Shale Shaker, Frac Tanks, return lines, and vent lines	

**4. Hazard Controls**

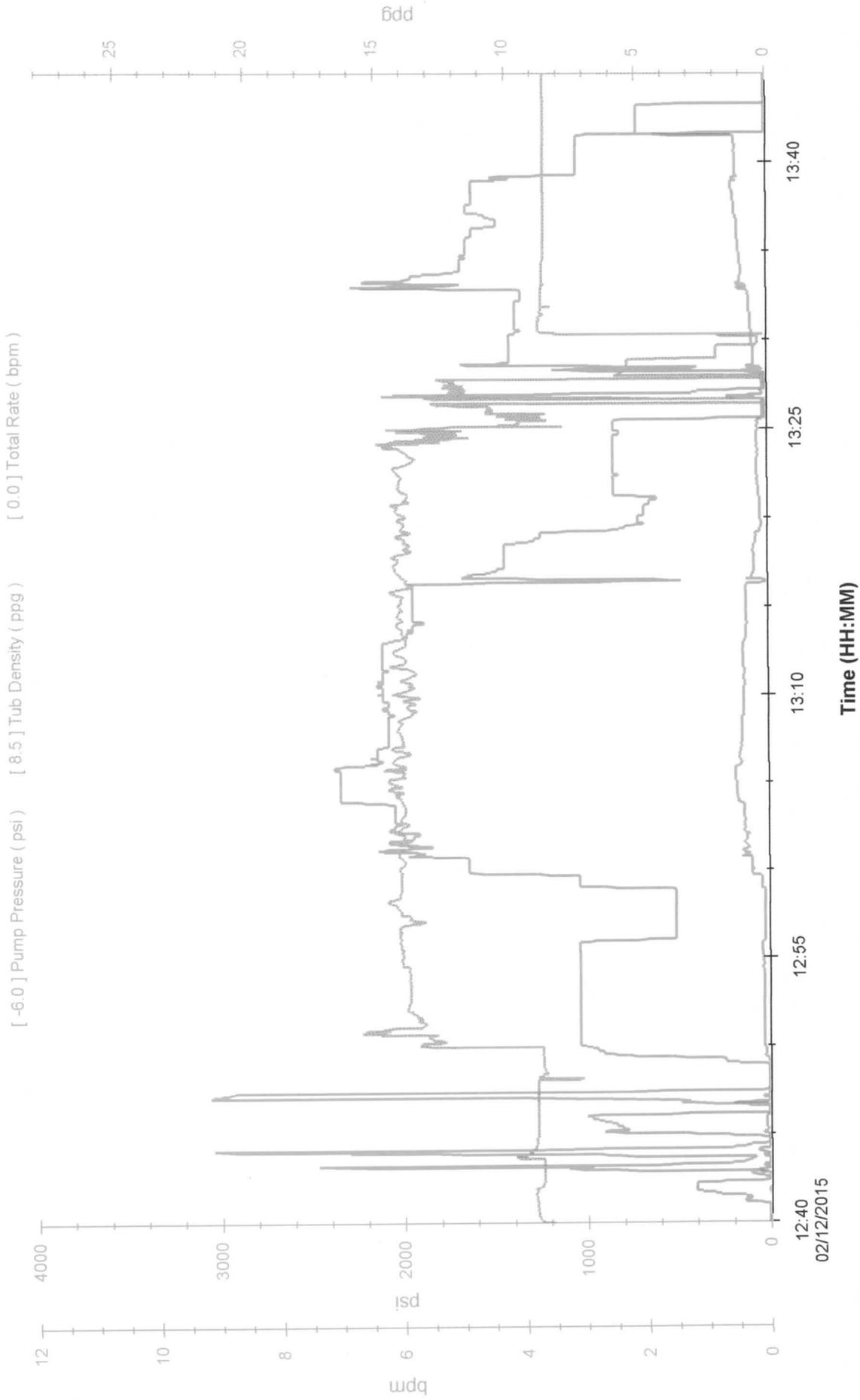
<input checked="" type="checkbox"/> <b>Personal Protective Equipment</b> Discuss required PPE such as respirators, head protection, hearing protection, protective footwear, hand and skin protection and fall protection.	<input checked="" type="checkbox"/> <b>Safety Equipment</b> Discuss safety items such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

**5. Contingency Plans for Emergencies**

<input checked="" 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 checked="" type="checkbox"/> <b>Injury and Accident Procedures</b> Discuss personnel responsibilities and procedures in the event of an injury or accident.
<input checked="" type="checkbox"/> <b>Assembly Points</b> Discuss where to gather in the event of an emergency	<input checked="" type="checkbox"/> <b>Rescue Procedures</b> Discuss rescue procedures with the appropriate personnel (trained and equipped)
<input checked="" type="checkbox"/> <b>Fire Fighting</b> Discuss fire fighting responsibilities with the appropriate personnel (trained and equipped only)	<input checked="" 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>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 checked="" type="checkbox"/> <b>Recovery Procedures</b> Discuss how to return to normal operation after an emergency shutdown.
<input checked="" 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 checked="" type="checkbox"/> <b>Nearest Hospital</b> The best route of travel along with everyone understanding which vehicle will be used as the ambulance.
<input checked="" type="checkbox"/> <b>Reporting Spills</b> Discuss measures used for spill reporting	<b>Head Count</b>
<input checked="" type="checkbox"/> <b>Spill Response Kit</b> Review Location of Spill Response Kit.	Employees <u>3</u>
<input type="checkbox"/> <b>Contaminated Soil</b> Discuss Procedures for spill/leak cleanup.	Other <u>7</u>
	Total <u>10</u>

<b>5. Roles and Responsibilities</b>	
<input checked="" type="checkbox"/> Communicated <input checked="" type="checkbox"/> Assigned	
<b>6. Emergency Escape Procedures</b> (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.	
<b>Evacuation may occur on site because of:</b> (check appropriate boxes)	<b>The following equipment is required on location</b> (check appropriate boxes)
<input type="checkbox"/> Release of H2s above 10 ppm	<input type="checkbox"/> H2S Monitors
<input type="checkbox"/> Blowout	<input type="checkbox"/> Combustible Gas Monitors
<input type="checkbox"/> Release of flammable gasses	<input type="checkbox"/> Wind Direction Indicator (Windssocks, Streamers, ect.)
<input type="checkbox"/> Release of other gasses	<input type="checkbox"/> Escape respirators (one for each employee)
<input type="checkbox"/> Fire	<input type="checkbox"/> Full facepiece positive pressure SCBA
<b>7. Emergency Telephone Numbers and/or Method of Contact</b>	
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:
<b>8. Rescue Procedures</b> 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 type="checkbox"/> Protective Clothing	<input type="checkbox"/> Monitoring Equipment
List: COVERALL, HARDHAT, STEEL TOE, SAFE GLASSES, GLOVES	List:
<b>9. Site Plan</b> (Draw the location, indicate wind direction, and mark the safe area/meeting point.)	
<b>10. Postjob HSE Meeting</b> (Note: Enter information in IRJ)	
Date:	Time:
Check appropriate box for each incident event	
<input type="checkbox"/> Injury <input type="checkbox"/> No Injuries <input type="checkbox"/> Spill <input type="checkbox"/> Near Miss	<input type="checkbox"/> Vehicle Accident <input checked="" type="checkbox"/> No Vehicle Accident
<input checked="" type="checkbox"/> Location is as clean as when we arrived.	
Is follow up with customer needed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Comments	
Customer Representative Gary Polk	RIDGE REPRESENTATIVE Nick Vigil





Customer: Bonanza Creek	Well: State Pronghorn X-D-29HNC	Job Type: Surface
Customer Rep: Polk, Gary	Supervisor: Vigil, Nick	Job Date: 02/12/2015





**JOB SUMMARY**

JOB DATE	02/12/15
SUPERVISOR	Nick Vigil
CITY	Masters
SALES ORDER NUMBER	C5CO3030

CUSTOMER	Bonanza Creek	CUSTOMER REP.	Gary Polk	TICKET AMOUNT	\$13,943.54
WELL TYPE	Oil	STATE	Colorado	COUNTY	Weld
WELL NAME AND NUMBER	State Pronghorn X-D-29HNC	SEC / TWP / RNG	Sec 29/Twp 5N/Rng61W	API #	05-123-40062

EMP NAME	EXP. HOUR	EQUIPMENT	R/T MILES	EMP NAME	EXP. HOUR	EQUIPMENT	R/T MILES
Nick Vigil	9	6313	100				
Dave Wellmann	9	6100/6208	100				
Chad Bruns	9	6105/6210	100				

DATE	CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED	LEAVE LOCATION
	2/12/2015	2/12/2015	2/12/2015	2/12/2015	2/12/2015
TIME	12:00 AM	4:45 AM	12:40 PM	1:41 PM	2:30 PM

WELL TUBULAR DATA						TOOLS / PERFS & TOC		
TUBULAR NAME	NEW/USED	WEIGHT	SIZE	FROM	TO	NAME	QTY	MAKE / DIAM. / DEPTH
Surface	Unknown	36	9.625	0	781			

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	H2O	30		Water spacer			8.33
2	Cement	130.7	410	13.5 RockyCem C2	9.4	1.79	13.5
3	H2O	57.2					8.33
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

**OTHER JOB NOTES**

WE GOT 57 BBL OF CEMENT TO SURFACE.

THE INFORMATION STATED HEREIN IS CORRECT  
 CUSTOMER REPRESENTATIVE \_\_\_\_\_  
*Gary Polk*  
SIGNATURE

C5CO3030

Sales Order No.



Nick Vigil

RC Employee

02/12/15

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.

RIDGE CEMENTING, LLC., DOING BUSINESS AS RIDGE CEMENTING (hereinafter "RC") 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 customer details: Customer (Bonanza Creek), County (Weld), State (Colorado), Well(s) No. (State Pronghorn X-D-29HNC), Well Owner/Permit No. (05-123-40062)

- 1. CUSTOMER REPRESENTATION - Customer warrants that the well(s) listed above is in proper condition...
2. PRICE AND PAYMENT - The services, products, equipment and/or materials to be supplied hereunder are priced in accordance with RC's current price list...
3. LIMITED WARRANTY - RC warrants only title to the equipment, products and materials supplied under this Contract...
4. EQUIPMENT AND WASTE LIABILITY - Customer shall, at its risk and expense, attempt to recover any RC equipment lost or lodged in the well...
5. RELEASE AND INDEMNITY (a) Customer agrees to RELEASE RC from any and all liability... (b) The Customer agrees to WAIVE and RELEASE RC from any and all claims... (c) Customer also agrees to DEFEND, INDEMNIFY, AND HOLD RC HARMLESS...
6. INSURANCE. Customer agrees to maintain liability insurance having limits of not less than \$1,000,000 per occurrence...
7. GOVERNING LAW. This Contract shall be interpreted in accordance with the laws of the State of California...
8. DISPUTE RESOLUTION. Customer and RC agree that any dispute that may arise out of the performance of this Contract...
9. SEVERABILITY; ENTIRE AGREEMENT. Should any provision or part thereof of this Contract be held invalid, void, or of no effect...
10. MODIFICATIONS. RC shall not be bound by any modifications to this Contract, except where such modification is made in writing...

Customer Acceptance of Work Order Contract Terms.

Upon the signature of the acknowledgment below or by allowance of RC 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. [Signature] Customer Authorized Agent Signature Gary Polk 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. [Signature] Customer Authorized Agent Signature Gary Polk Date Print Name and Title