

BISON OIL WELL CEMENTING, INC.



1738 Wynkoop St., Ste. 102
Denver, Colorado 80202
Phone: 303-296-3010
Fax: 303-298-8143
E-mail: bisonoil1@qwestoffice.net

INVOICE # 10927

Interval 488-490 parts
25 Sacks

LOCATION Sterling
FOREMAN Randy Newby

TREATMENT REPORT

DATE	WELL NAME	SECTION	TWP	RGE	COUNTY	FORMATION
4-13-12	D. Strange 1					

CHARGE TO Merchant	OWNER Merchant
MAILING ADDRESS	OPERATOR
CITY	CONTRACTOR Yetter Rig 9
STATE ZIP CODE	DISTANCE TO LOCATION 90 mi
TIME ARRIVED ON LOCATION 7:15am Reg 7:30am	TIME LEFT LOCATION 10:30am

WELL DATA			PRESSURE LIMITATIONS		
HOLE SIZE	TUBING SIZE 2 3/8"	PERFORATIONS		THEORETICAL	INSTRUCTED
TOTAL DEPTH	TUBING DEPTH 310'	SHOTS/FT	SURFACE PIPE ANNULUS LONG		
	TUBING WEIGHT 4.7	OPEN HOLE	STRING		
CASING SIZE 5 1/2"	TUBING CONDITION		TUBING		
CASING DEPTH	Perforations 488	TREATMENT VIA	TYPE OF TREATMENT		TREATMENT RATE
CASING WEIGHT 15.5	PACKER DEPTH 310'		[] SURFACE PIPE		BREAKDOWN BPM
CASING CONDITION			[] PRODUCTION CASING		INITIAL BPM
			[] SQUEEZE CEMENT		FINAL BPM
			[] ACID BREAKDOWN		MINIMUM BPM
			[] ACID STIMULATION		MAXIMUM BPM
			[] ACID SPOTTING		AVERAGE BPM
			[] MISC PUMP		
			[] OTHER		HYD HHP = RATE X PRESSURE X 40.8

PRESSURE SUMMARY			
BREAKDOWN or CIRCULATING psi	AVERAGE psi		
FINAL DISPLACEMENT psi	ISIP psi		
ANNULUS psi	5 MIN SIP psi		
MAXIMUM psi	15 MIN SIP psi		
MINIMUM psi			

INSTRUCTIONS PRIOR TO JOB MTRU Sm circ established pump rate w/ 5 bbl water then mix 25s of neat cement 3% CCA @ 15.2" water req. of 5.81 gal/sk 3.5 bbl mix water yield of 1.27 cu ft/sk displace w 1.8 bbl water pressure up reverse circulate 105 H2O pressure to 1500 wait 15 min pressure up to 1300 wait 15 min

JOB SUMMARY

DESCRIPTION OF JOB EVENTS	MTRU	Sm	circ	mix	displace	reverse	out
	7:15am	8:15	8:30	8:35	8:42		9:00
Stage 1	Stage 2	Stage 3					
9:15am	9:30am	10:10am			fig down		
displaced 1651	displaced 1651	displaced 1651			10:15am		
Pressure up to 1500psi	Pressure up to 1300psi	Pressure up to 1400					

Established rate @ 1 bbl/min @ 800lbs mixed 25sks well pressure up w/ 1 bbl cement to pump reversed out then started staging out

AUTHORIZATION TO PROCEED

TITLE

DATE

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.

SERVICE INVOICE

№ 10927

WELL NO. AND FARM D. Strange 1		COUNTY Logan	STATE CO.	DATE 4-13-12	
CHARGE TO Merchant		WELL LOCATION SEC.		CONTRACTOR Yetter Rig 9	
		TWP.	RANGE		
		DELIVERED TO Country Rd 72 and 37		LOCATION 1 Yuma	CODE
		SHIPPED VIA 1004, 2010		LOCATION 2 Sterling	CODE
		TYPE AND PURPOSE OF JOB Squeeze		LOCATION 3 Yuma	CODE
				WELL TYPE	CODE

[illegible]

TAX REFERENCES

Thank You!

SUB TOTAL

TAX

"TAXES WILL BE ADDED AT CORPORATE OFFICE"

TOTAL

SUBJECT TO CORRECTION

Customer or His Agent

Bison Oil Well Cementing, Inc. Representative

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Bison Oil Well Cementing, Inc
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www.Bisonoilwell.com

Cementing Customer Satisfaction Survey

Service Date 4-13-12 Invoice Number 10927
Invoice Amount 5560.00 Well Permit Number _____
Well Name D. Strange Well Type _____
Well Location Steele Well Number 1
County Lohan Lease merchant
SEC/TWP/RNG _____ Job Type Spacers
State CO. Company Name Schneider
Supervisor Name Randy Newmyer Customer Representative Kelly
Customer Phone Number _____

Employee Name

Exposure Hours (Per Employee)

Total Exposure Hours

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

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