

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 Starling
 FOREMAN Randy Neely

TREATMENT REPORT

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

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

WELL DATA			PRESSURE LIMITATIONS		
HOLE SIZE	TUBING SIZE <u>2 3/4"</u>	PERFORATIONS		THEORETICAL	INSTRUCTED
TOTAL DEPTH	TUBING DEPTH <u>310'</u>	SHOTS/FT	SURFACE PIPE ANNULUS LONG		
	TUBING WEIGHT <u>4.7</u>	OPEN HOLE	STRING		
CASING SIZE <u>5 1/2"</u>	TUBING CONDITION		TUBING		
CASING DEPTH	<u>Perf holes 488</u>	TREATMENT VIA	TYPE OF TREATMENT		TREATMENT RATE
CASING WEIGHT <u>15.5</u>	PACKER DEPTH <u>310'</u>		<input type="checkbox"/> SURFACE PIPE	BREAKDOWN BPM	
CASING CONDITION			<input type="checkbox"/> PRODUCTION CASING	INITIAL BPM	
			<input type="checkbox"/> SQUEEZE CEMENT	FINAL BPM	
			<input type="checkbox"/> ACID BREAKDOWN	MINIMUM BPM	
			<input type="checkbox"/> ACID STIMULATION	MAXIMUM BPM	
			<input type="checkbox"/> ACID SPOTTING	AVERAGE BPM	
			<input type="checkbox"/> MISC PUMP		
			<input type="checkbox"/> 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 m+p 25 s
of neat cement 3% CCA @ 15.2^{lb} water req. of 5.89 gal/sk 3.5 bbl mix water
yield of 1.27 cu ft/sk displace w/ 1.8 bbl water pressure up reverse circulate 10.5
H2O pressure to 1500 wait 15 min pressure up to 1300 wait 15 min

JOB SUMMARY						
DESCRIPTION OF JOB EVENTS	<u>MTRU</u>	<u>Sm</u>	<u>circ</u>	<u>m+p</u>	<u>displace</u>	<u>reverse out</u>
	<u>7:15 am</u>	<u>8:15</u>	<u>8:30</u>	<u>8:35</u>	<u>8:42</u>	<u>9:00</u>
<u>stage 1</u>	<u>stage 2</u>	<u>stage 3</u>				
<u>9:15 am</u>	<u>9:30 am</u>	<u>10:10 am</u>				
<u>displaced 1651</u>	<u>displace 4661</u>	<u>displaced 4661</u>				
<u>Pressure up to 1500 psi</u>	<u>Pressure up to 1300 psi</u>	<u>Pressure to 1400</u>				

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

Randy Neely (Signature)
 AUTHORIZATION TO PROCEED
 TITLE
 DATE 4-13-12



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 www.Bisonoilwell.com

Cementing Customer Satisfaction Survey

Service Date	<u>4-13-12</u>	Invoice Number	<u>10927</u>
Invoice Amount	<u>5560.00</u>	Well Permit Number	_____
Well Name	<u>D. Strange</u>	Well Type	_____
Well Location	<u>Steele</u>	Well Number	<u>2</u>
County	<u>Lohan</u>	Lease	<u>merchuit</u>
SEC/TWP/RNG	_____	Job Type	<u>Spacer</u>
State	<u>CO</u>	Company Name	<u>Schneider</u>
Supervisor Name	<u>Randy Newby</u>	Customer Representative	<u>Kelly</u>
		Customer Phone Number	_____

Randy
Thompson
Blanch

Employee Name Exposure Hours (Per Employee)

_____	<u>3 1/4</u>
_____	<u>3 1/4</u>
_____	<u>3 1/4</u>
_____	_____
_____	_____

Total Exposure Hours 9 3/4 Did we encounter any problems on this job? Yes / No

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

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

Please Circle:

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?

- 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?

Additional Comments:

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

4-13-12