

SERVICE INVOICE

№ 11109

WELL NO. AND FARM Harby 1	COUNTY Cheyenne	STATE CO.	DATE 8-22-12	
CHARGE TO Excell	WELL LOCATION SEC. 5 TWP. 14S RANGE 44W		CONTRACTOR Excell Rig 3	
1		DELIVERED TO County, RT + 43	LOCATION 1 Yuma	CODE
		SHIPPED VIA 4022-3104	LOCATION 2 Cheyenne Wells	CODE
		TYPE AND PURPOSE OF JOB Surface	LOCATION 3 Yuma	CODE
			WELL TYPE Oil	CODE

[illegible]

TAX REFERENCES

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Thank You!

SUB TOTAL

5463	53
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TAX

"TAXES WILL BE ADDED AT CORPORATE OFFICE"

TOTAL

SUBJECT TO CORRECTION

M. J. Jones

Bison Oil Well Cementing, Inc. Representative

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.

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

REF. INVOICE # 11109

LOCATION Cheyenne wells

FOREMAN Randy Newton

TREATMENT REPORT

DATE	WELL NAME	SECTION	TWP	RGE	COUNTY	FORMATION
8-22-12	Harley 1	5	14S	44W	cheyenne	

CHARGE TO <u>Excell</u>	OWNER <u>Kuenzler & Flora Reserve company</u>
MAILING ADDRESS	OPERATOR
CITY	CONTRACTOR <u>Excell 1-3</u>
STATE ZIP CODE	DISTANCE TO LOCATION <u>125 mi</u>
TIME ARRIVED ON LOCATION <u>6:00 a.m.</u>	TIME LEFT LOCATION <u>11:30 a.m.</u>

WELL DATA			PRESSURE LIMITATIONS		
HOLE SIZE	TUBING SIZE	PERFORATIONS	THEORETICAL		INSTRUCTED
11"			SURFACE PIPE ANNULUS LONG		
TOTAL DEPTH <u>420'</u>	TUBING DEPTH	SHOTS/FT	STRING		
	TUBING WEIGHT	OPEN HOLE	TUBING		
CASING SIZE <u>8 5/8"</u>	TUBING CONDITION		TYPE OF TREATMENT		
CASING DEPTH <u>414'</u>	PACKER DEPTH <u>374'</u>	TREATMENT VIA	TREATMENT RATE		
CASING WEIGHT <u>24"</u>			[<input checked="" type="checkbox"/>] SURFACE PIPE		BREAKDOWN BPM
CASING CONDITION <u>good</u>			[] 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 5m cir 56bbls Dye then 8bbls fresh mix + pump B3-lite @ 15.2 lb per gal water req. 4.2 gal / sk 4:00 a.m. 1.07 cu ft / sk mix until Dye is seen shut down drop Plug Displace w/ 23.5 BBls 1/20 shut in well rig down 18 BBls mix water 180 sks 84% excess

JOB SUMMARY	DESCRIPTION OF JOB EVENTS	MTRU	5m	cir	MTP	Drop	Displace
		6:00 a.m.	10:25 a.m.	10:28 a.m.	10:31 a.m.	10:39 a.m.	10:42
							10:44/10 200
							10:46/20 250
							10:47/23. 250

8 BBls cement to pit

Ann I and
AUTHORIZATION TO PROCEED

Push
TITLE

8/22/12
DATE



Bison Oil Well Cementing, Inc
1738 Wynkoop St., Ste. 102
Denver, CO 80202
303-296-3010
www.Bisonoilwell.com

Cementing Customer Satisfaction Survey

Service Date 8-22-12
Invoice Amount \$5462.55
Well Name Harley
Well Location Cherokee wells
County Cherokee
SEC/TWP/RNG 5-14S-44W
State CO
Supervisor Name Randy Newton
Employee Name Randy

Invoice Number 11109
Well Permit Number 05-017-07722-00
Well Type OIL
Well Number 1
Lease KERC
Job Type Surface
Company Name Excell
Customer Representative Mark Lion
Customer Phone Number

Exposure Hours (Per Employee)

5 1/2
5 1/2

Total Exposure Hours 11

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

- 3 Personnel -
- 1 Equipment -
- 1 Job Design -
- 1 Product / Material -
- 1 Health & Safety -
- 1 Environmental -
- 4 Timeliness -
- 3 Condition / Appearance -
- 1 Communication -
- 1 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 -

Mark Lion
Customer Representative's Signature

8/22/12
Date

Any additional Customer Comments or HSE concerns should be described on the back of this form

