

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



SERVICE INVOICE

No 11109

WELL NO. AND FARM <i>Harley 1</i>		COUNTY <i>cheyenne</i>	STATE <i>CO.</i>	DATE <i>8-22-12</i>
CHARGE TO <i>Excell</i>		WELL LOCATION SEC. <i>5</i> TWP. <i>14S</i> RANGE <i>44W</i>		CONTRACTOR <i>Excell R; 3</i>
DELIVERED TO <i>County RT+43</i>			LOCATION <i>1 Yuma</i>	CODE
SHIPPED VIA <i>4022-3104</i>			LOCATION <i>2 cheyenne wells</i>	CODE
TYPE AND PURPOSE OF JOB <i>Surface</i>			LOCATION <i>3 Yuma</i>	CODE
			WELL TYPE <i>oil</i>	CODE

PRICE REFERENCE	DESCRIPTION	UNITS		UNIT PRICE	AMOUNT	
		QTY.	MEAS.			
	<i>Pump charge</i>	<i>1</i>	<i>ea</i>	<i>1400.00</i>	<i>1400</i>	<i>00</i>
	<i>Equipment mileage</i>	<i>125</i>	<i>mi</i>	<i>4.00</i>	<i>500</i>	<i>00</i>
	<i>crew pickup</i>	<i>125</i>	<i>mi</i>	<i>1.50</i>	<i>187</i>	<i>50</i>
	<i>wood plug 8 5/8"</i>	<i>1</i>	<i>ea</i>	<i>90.20</i>	<i>90</i>	<i>20</i>
	<i>centralizer 4 5/8"</i>		<i>ea</i>	<i>75.85</i>	<i>75</i>	<i>85</i>
	<i>B3-lite</i>	<i>190</i>	<i>pi</i>	<i>17.50</i>	<i>3325</i>	<i>00</i>
	<i>Dye</i>	<i>402</i>	<i>pi</i>	<i>15.00</i>	<i>60</i>	<i>00</i>
		Total Weight	Loaded Miles	Ton Miles		

If this account is not paid within 30 days of invoice date a FINANCE CHARGE will be made. Computed at a single monthly rate of 1 1/2% which is equal to an ANNUAL PERCENTAGE RATE OF 18%.

TAX REFERENCES
Thank You!

SUB TOTAL

5463 55

TAX

"TAXES WILL BE ADDED AT CORPORATE OFFICE"

TOTAL

SUBJECT TO CORRECTION

[Signature]
Customer or His Agent

[Signature]
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.



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Cementing Customer Satisfaction Survey

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

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 Zion
 Customer Phone Number _____

Exposure Hours (Per Employee)

5 1/2
5 1/2

Randy
Newton

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?

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?

Additional Comments:

THE INFORMATION HEREIN IS CORRECT -

Mark Zion
 Customer Representative's Signature

8/22/12
 Date

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



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B.O.C. Tailgate Safety Meeting Report

INVOICE 11109

Date 8-22-12 Time _____ AM PM Meeting Facilitator Randy Newton
 Facility Name and Location Hurley #1 Work to be Undertaken Surface
 Nearest Emergency Medical Service Number (Other than 911) Cheyenne Wells

MINIMUM STANDARDS REQUIREMENT VERIFICATION (must be verified for all members of a work party)

- Hard Hat Safety Glasses w/sideshields Safety Toed Footwear Personal Methane Monitor Verify Safety Training
 Flame Resistant Clothing New on Job Review Onsite Orientation Other (specify) _____

HAZARD IDENTIFICATION AND SAFETY BRIEFING DISCUSSION (Check and Discuss all Relevant Hazards)

- | | | |
|---|---|--|
| <input type="checkbox"/> Positions of People | <input type="checkbox"/> Job Safety Analysis Reviewed (if applicable) | <input type="checkbox"/> Hazardous Substance |
| <input type="checkbox"/> Falling from Heights | <input type="checkbox"/> NORM or Other Radiation | <input type="checkbox"/> Hazardous Atmosphere |
| <input type="checkbox"/> Slips/Trips/Falls | <input type="checkbox"/> Overhead work/suspended Loads/Chains/Slings | <input type="checkbox"/> Walking/Working Surfaces |
| <input type="checkbox"/> Extreme Heat/Cold | <input type="checkbox"/> Trapped Pressure | <input type="checkbox"/> Noise Levels |
| <input type="checkbox"/> Electrical Current | <input type="checkbox"/> Flammable/Combustible/Explosives | <input type="checkbox"/> Sharp Edges |
| <input type="checkbox"/> Overexertion/Heavy Lifting | <input type="checkbox"/> Pinch Points/Moving/Rotating Equipment | <input type="checkbox"/> Insects/Snakes/etc. |
| <input type="checkbox"/> Spills/Releases | <input type="checkbox"/> Waste Handling/Disposal | <input type="checkbox"/> MSDS's Reviewed |
| <input type="checkbox"/> Flying Particles | <input type="checkbox"/> Excavation Collapse | <input type="checkbox"/> Walk Around Site Assessment |
| <input type="checkbox"/> Overhead Power Lines | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

ADDITIONAL PPE REQUIREMENT (based on the job specific hazards, check all that apply)

- | | | | |
|---|--|---|---|
| Eyes/Face | Hands | Feet | Other |
| <input type="checkbox"/> Tinted Lenses | <input type="checkbox"/> Chemical Resistant Gloves | <input type="checkbox"/> Rubber Boots | <input type="checkbox"/> Air Purifying Respirator |
| <input type="checkbox"/> Goggles | <input type="checkbox"/> Heat Resistant Gloves | <input type="checkbox"/> Over Boots | <input type="checkbox"/> Supplied Air Respirator |
| <input type="checkbox"/> Faceshield | <input type="checkbox"/> Cotton or Leather Gloves | <input type="checkbox"/> Dielectric Boots | <input type="checkbox"/> Personal H2S Monitor (if in sour area) |
| <input type="checkbox"/> Hearing Protection | <input type="checkbox"/> Dielectric Gloves | <input type="checkbox"/> _____ | <input type="checkbox"/> Chemical Resistant Clothing |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | | <input type="checkbox"/> Personal Fall Arrest Systems |
| | | | <input type="checkbox"/> _____ |

EMERGENCY PREPARATIONS

- Muster Areas Communication Methods Means of Egress Emergency Equipment

Additional Topics Covered:

Attendees (Signature)/Company	Attendees (Signature)/Company
<u>Randy Newton</u>	<u>Patrick Taylor</u>
<u>[Signature]</u>	<u>[Signature]</u>

Other Considerations and Field Notes: