

# 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 10717

WELL NO. AND FARM <i>FLANIGAN 1B-6H</i>	COUNTY <i>Weld</i>	STATE <i>Colo.</i>	DATE <i>8-3-12</i>
CHARGE TO <i>ENCANA</i>	WELL LOCATION SEC. <i>6</i> TWP. <i>1N</i> RANGE <i>64W</i>		CONTRACTOR <i>ENSIGN Rig 124</i>
DELIVERED TO <i>Hwy 52+51</i>		LOCATION <i>1 Shop</i>	CODE
SHIPPED VIA <i>3103/3203</i>		LOCATION <i>2 Hwy 52+51</i>	CODE
TYPE AND PURPOSE OF JOB <i>SURFACE PIPE</i>		LOCATION <i>3 Shop</i>	CODE
		WELL TYPE <i>GAS</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>BENTONITE 3% LUGA-1.25 lb/yd BFLA-1</i>	<i>450</i>	<i>SK</i>	<i>22.00</i>	<i>9900</i>	<i>00</i>
	<i>BCLY-1</i>	<i>4</i>	<i>QTS.</i>	<i>25.00</i>	<i>100</i>	<i>00</i>
	<i>Dye</i>	<i>16</i>	<i>OZ.</i>	<i>240.00</i>	<i>240</i>	<i>00</i>
	<i>TRUCK Mileage 4.00 mile 60 mile round Trip</i>	<i>2</i>	<i>EA</i>	<i>240.00</i>	<i>480</i>	<i>00</i>
	<i>Pick-up Mileage 1.50 mile 60 mile round Trip</i>	<i>1</i>	<i>EA</i>	<i>90.00</i>	<i>90</i>	<i>00</i>
	<i>Data Int.</i>	<i>1</i>	<i>EA</i>	<i>225.00</i>	<i>225</i>	<i>00</i>
	<i>Flanigan 1B-6H</i>					
	<i>12164646</i>					
	<i>8715.618</i>					
	<i>Leonard Clark</i>					
	<i>R.C. JJ. #12,435</i>					
	<i>XX Total Weight</i>					
	<i>Loaded Miles</i>					
	<i>Ton Miles</i>					

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% which is equal to an ANNUAL PERCENTAGE RATE OF 18%.

### TAX REFERENCES

*THANKS CALVIN*

"TAXES WILL BE ADDED AT CORPORATE OFFICE"

SUB TOTAL

TAX

TOTAL

SUBJECT TO CORRECTION

*Leonard Clark*

Customer or His Agent

*Calvin R.*

Bison Oil Well Cementing, Inc. Representative

Customers hereby acknowledge and specifically agree 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: 303-296-8143  
E-mail: bisonoil1@qwestoffice.net

REF. INVOICE # 10717  
LOCATION Hwy 52 + 51  
FOREMAN Calvin Reimers

## TREATMENT REPORT

DATE	WELL NAME	SECTION	TWP	RGE	COUNTY	FORMATION
8-3-12	Flanigan 1B-6H	6	1N	64W	Weld	

CHARGE TO <u>ENCANA</u>	OWNER
MAILING ADDRESS	OPERATOR <u>ENCANA</u>
CITY	CONTRACTOR <u>Ensign Rig 124</u>
STATE ZIP CODE	DISTANCE TO LOCATION
TIME ARRIVED ON LOCATION <u>5:30 AM</u>	TIME LEFT LOCATION <u>11:00 AM</u>

WELL DATA			PRESSURE LIMITATIONS		
HOLE SIZE <u>12 1/4</u>	TUBING SIZE	PERFORATIONS		THEORETICAL	INSTRUCTED
TOTAL DEPTH <u>1112</u>	TUBING DEPTH	SHOTS/FT	SURFACE PIPE ANNULUS LONG		
<u>PBTD 1057.12</u>	TUBING WEIGHT	OPEN HOLE	STRING		
CASING SIZE <u>9 5/8</u>	TUBING CONDITION		TUBING		
CASING DEPTH <u>1106.2</u>		TREATMENT VIA	TYPE OF TREATMENT	TREATMENT RATE	
CASING WEIGHT <u>40 lb</u>	PACKER DEPTH		<input type="checkbox"/> SURFACE PIPE	BREAKDOWN BPM	
CASING CONDITION <u>Good</u>			<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 Rig up, Safety meeting, Psi check, Circ 40 bbls. H<sub>2</sub>O with KCL + Blue Dye in 2nd 10 bbls. Mix + pump 60% Excess = 450 SKS. at 15.2 lbm, 1.27 yield, 5.89 gal/sk, Drop plug, Displace 20.1 bbl H<sub>2</sub>O, Bump plug at 500 Psi over Lift Psi, wait 5 min. then bleed off Psi, Wash up, Rig down. We have 700 SKS, 20 Qtz KCL, 32 Oz PGE.

JOB SUMMARY  
DESCRIPTION OF JOB EVENTS Safety meeting 8:25 AM, Psi check 9:00 AM, Circ 9:03 AM, Cement 9:10 AM  
Stop Cement 9:35 AM, Drop Plug 9:38 AM, Displace 9:39 AM,  
10 bbls 310 Psi 9:41 AM 7.0 bbls/m  
20 bbls 490 Psi 9:42 AM 7.0 bbls/m  
30 bbls 640 Psi 9:44 AM 7.0 bbls/m  
40 bbls 500 Psi 9:45 AM 5.0 bbls/m  
50 bbls 590 Psi 9:47 AM 5.0 bbls/m  
60 bbls 600 Psi 9:49 AM 5.0 bbls/m  
70 bbls 650 Psi 9:51 AM 5.0 bbls/m  
81.75 bbls 500 Psi 9:56 AM 20 bbls/m  
Bump Plug 1000 Psi at 9:56 AM

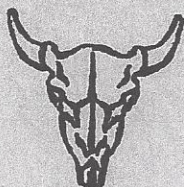
USED 450 SKS 60% Excess  
101.78 bbls Slurry  
28 bbls Slurry To Surface

Leonard Clark  
AUTHORIZATION TO PROCEED

TITLE

8-3-12  
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 8-3-12 Invoice Number 10717  
Invoice Amount \_\_\_\_\_ Well Permit Number \_\_\_\_\_  
Well Name Flanigan Well Type GMS  
Well Location Hwy 52 + 51 Well Number 1B-6H  
County Weld Lease \_\_\_\_\_  
SEC/TWP/RNG 6-1N-64W Job Type SURFACE PIPE  
State Colo. Company Name INCANA  
Supervisor Name Calvin Ramirez Customer Representative LEONARD  
Customer Phone Number \_\_\_\_\_

Employee Name

Exposure Hours (Per Employee)

Kirk H.  
Mike P.

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

#### CUSTOMER SATISFACTION RATING

- |                                   |  |
|-----------------------------------|--|
| <u>4</u> Personnel -              | Did our personnel perform to your satisfaction ?   |
| <u>4</u> Equipment -              | Did our equipment perform to your satisfaction ?   |
| <u>4</u> Job Design -             | Did we perform the job to the agreed upon design ?   |
| <u>4</u> Product / Material -     | Did our products and materials perform as you expected ?   |
| <u>4</u> Health & Safety -        | Did we perform in a safe and careful manner ( Pre / post mtgs, PPE, TSMR, etc.. ) ?                |
| <u>4</u> Environmental -          | Did we perform in an environmentally sound manner ( Spills, leaks, cleanup, etc.. ) ?              |
| <u>5</u> Timeliness -             | Was job performed as scheduled (On time to site, accessible to customer, completed when expected)? |
| <u>4</u> Condition / Appearance - | Did the equipment condition and appearance meet your expectation?                                  |
| <u>5</u> Communication -          | How well did our personnel communicate during mobilization, rig up, and job execution?             |
| <u>NONE</u> Improvement -         | 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:

Very Good Job.

THE INFORMATION HEREIN IS CORRECT -

Leonard Clark  
Customer Representative's Signature

8-3-12  
Date

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





1738 Wynkoop St., Ste. 10  
Denver, Colorado 80202  
Phone: 303-296-3010  
Fax: 303-298-8143  
E-mail: bisonoil1@qwestoffice.net

## B.O.C. Tailgate Safety Meeting Report

INVOICE 10717

Date 8-3-12 Time 8:25 ☒ AM ☐ PM Meeting Facilitator CALVIN REIMERS  
Facility Name and Location Flanigan 1B-LH Work to be Undertaken SURFACE PIPE

Nearest Emergency Medical Service Number (Other than 911) GREELEY

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

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

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

### EMERGENCY PREPARATIONS

- ☒ Muster Areas ☐ Communication Methods ☐ Means of Egress ☐ Emergency Equipment

Additional Topics Covered:

Attendees (Signature)/Company	Attendees (Signature)/Company
<u>John R. Bison</u>	<u>Robert R. Bison</u>
<u>Bill Harding Jr.</u>	<u>Donna Mills ENSIGN</u>
<u>Leonard Cook</u>	<u>Donna Mills ENSIGN</u>
<u>Donna Mills ENSIGN</u>	

Other Considerations and Field Notes: