

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



№ 11232

WELL NO. AND FARM Flanigan 1C-6H		COUNTY Weld	STATE CO	DATE 8-18-12	
CHARGE TO Encana		WELL LOCATION SEC. 6 TWP. 1N RANGE 64W		CONTRACTOR Ensign 124	
		DELIVERED TO 52-51		LOCATION 1 Shop	CODE
		SHIPPED VIA 3163-3203		LOCATION 2 52-51	CODE
		TYPE AND PURPOSE OF JOB Surface Pipe		LOCATION 3 Shop	CODE
				WELL TYPE LWS	CODE

PRICE REFERENCE	DESCRIPTION	UNITS		UNIT PRICE	AMOUNT
		QTY.	MEAS.		
	Pump charge	1	per	1400 ⁰⁰	1400 ⁰⁰
	BEATIL 340 BFLA-1, 2513 spars sk BFLA-1	428	lbs	22 ⁰⁰	9416 ⁰⁰
	mileage Trucks "1st per mile" 4000 min. per trip	2	per	240 ⁰⁰	480 ⁰⁰
	mileage Pickup "1st per mile" 4000 min. per trip	1	per	90 ⁰⁰	90 ⁰⁰
	Bly-1	3	lbs	25 ⁰⁰	75 ⁰⁰
	Dye	10	oz	150 ⁰⁰	150 ⁰⁰
	Data Acc	1	per	225 ⁰⁰	225 ⁰⁰
	Sugar	100	lbs	2 ⁰⁰	200 ⁰⁰

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

"TAXES WILL BE ADDED AT CORPORATE OFFICE"

SUB TOTAL

TAX

TOTAL

SUBJECT TO CORRECTION

Customer or His Agent

Elson 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.



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REF. INVOICE # 11232

LOCATION 52-51

FOREMAN Kirk Kallhoff
Pablo, Dan Tucker

TREATMENT REPORT

DATE 8-18-12	WELL NAME Flanigan 1C-6H	SECTION 6	TWP 1N	RGE 64W	COUNTY Weld	FORMATION
CHARGE TO Enrama		OWNER				
MAILING ADDRESS		OPERATOR Enrama				
CITY		CONTRACTOR Ensign 124				
STATE ZIP CODE		DISTANCE TO LOCATION				
TIME ARRIVED ON LOCATION 10:00pm		TIME LEFT LOCATION 2:30am				

WELL DATA

HOLE SIZE 12 1/4	TUBING SIZE	PERFORATIONS	PRESSURE LIMITATIONS	
TOTAL DEPTH 1335	TUBING DEPTH	SHOTS/FT	THEORETICAL	INSTRUCTED
1370 1282	TUBING WEIGHT	OPEN HOLE	SURFACE PIPE ANNULUS LONG	
CASING SIZE 9 5/8	TUBING CONDITION		STRING	
CASING DEPTH 1327		TREATMENT VIA	TUBING	
CASING WEIGHT 40 lb	PACKER DEPTH		TYPE OF TREATMENT	
CASING CONDITION good			TREATMENT RATE	
			<input checked="" type="checkbox"/> SURFACE PIPE	BREAKDOWN BPM
			<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 Rgr. Safety marking. Ps. test Per roman rier 30 Bbls KIL 1120 2nd 10m/Dye mix
FRump 4128 SKrimmed at 30% Exress at 1512 lbs at 1127yd Release Plug Disp 971 Bbls 1120
Bump Plug At 150psi over L.H. Ps. wait 5min Release Ps. wash up Rig Down

Arrived w/ 750skt cement 41gal KIL 1607 Dye
1120 tag OK
Bbls slurry

JOB SUMMARY

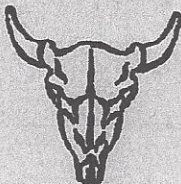
DESCRIPTION OF JOB EVENTS Safety marking 11:56pm rier 12:21am cement 12:26am stop cement 12:54am
Drop Plug 12:55am Displace 12:55am
12 Bbls At 6 Bbls/m 12:58am 300psi
20 Bbls At 6 Bbls/m 12:59am 300psi
30 Bbls At 6 Bbls/m 1:01am 300psi
40 Bbls At 6 Bbls/m 1:02am 400psi
50 Bbls At 6 Bbls/m 1:04am 550psi
60 Bbls At 6 Bbls/m 1:05am 650psi
70 Bbls At 6 Bbls/m 1:07am 750psi
80 Bbls At 6 Bbls/m 1:08am 800psi
90 Bbls At 3.5 Bbls/m 1:10am 650psi
97.1 Bbls At 1 Bbl/m 1:13am 550psi
Bump Plug 20
Used 30% Exress
Used 4128 skt cement
96.8 Bbls slurry
Bbls back @

AUTHORIZATION TO PROCEED

TITLE

DATE

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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 8-18-12
Invoice Amount _____
Well Name Flanigan
Well Location 52-51
County Weld
SEC/TWP/RNG 6-1N-64W
State CO
Supervisor Name Clark Haller FT

Invoice Number 11232
Well Permit Number _____
Well Type Gas
Well Number 1C-6H
Lease _____
Job Type Surface Pipe
Company Name Enbridge
Customer Representative Sandy Matt
Customer Phone Number _____

Employee Name

Exposure Hours (Per Employee)

Parko
Don
Tucker

4.5
4.5
4.5

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

- 4 Personnel -
- 4 Equipment -
- 4 Job Design -
- 4 Product / Material -
- 4 Health & Safety -
- 4 Environmental -
- 4 Timeliness -
- 4 Condition / Appearance -
- 4 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? Good Job

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 -

Matt Thompson
Customer Representative's Signature

8-18-12
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 11232

Date 8-18-12 Time 1:56 ☐ AM ☒ PM Meeting Facilitator Kirk Laillhoff
Facility Name and Location Flanagan 1C-6H Work to be Undertaken Surface Pipe
Nearest Emergency Medical Service Number (Other than 911) Bridger

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

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

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

Additional Topics Covered:

Attendees (Signature)/Company	Attendees (Signature)/Company

Other Considerations and Field Notes: