

STIMULATION TREATMENT REPORT



Date 12-APR-13 District Farmington F.Receipt 1001979661 Customer RED MESA O&G LLC
 Lease GREER #34-3 Well Name GREER #34-3
 Field RED MESA Location 34-33N-12W
 County La Plata State Colorado Stage No 1 Well API - API 05067098640000

WELL DATA		Well Type:	Well Class:		Depth TD/PB:		Formation:	
Geometry Type	Tubular Type	OD	Weight	ID	Grade	Top	Bottom	Perf Intervals
TUBULAR	CSG	7	23	6.366		0	1650	Top Bottom ✓ SPF Diameter
TUBULAR	CSG	4.5	11.6	4		1400	3740	3475 3481 1 .34
TUBULAR	TBG	2.375	4.7	1.995		0	3510	3492 3500 1 .34
COMPLETION						3475	3508	3504 3508 1 .34

Packer Type _____ Packer Depth 5443 FT

TREATMENT DATA				LIQUID PUMPED AND CAPACITIES IN BBLS.	
Fluid Type	Fluid Desc	Pumped Volume(Gals)	Prop. Description	Volume Pumped(Lbs)	
TREATMENT FLUID	12%HCL- 3% HF (ABF30)	3,600	NO PROPPANT		
				Total Prop Qty:	_____
Previous Treatment <u>N/A</u> Previous Production <u>N/A</u> Hole Loaded With <u>mud Acid</u> Treat Via: Tubing <input type="checkbox"/> Casing <input checked="" type="checkbox"/> Anul. <input type="checkbox"/> Tubing & Anul. <input type="checkbox"/> Ball Sealers: _____ In _____ Stages Type _____ Auxiliary Materials <u>18GALS.FERROTROL300L,15GALS.LT-21,11GALS.CI-27,8GALS.SNE-900,8GALS.GASFLOG</u>				Tubing Cap. <u>13.5</u> Casing Cap. <u>58.1</u> Annular Cap. <u>0</u> Open Hole Cap. <u>0</u> Fluid to Load <u>12</u> Pad Volume <u>0</u> Treating Fluid <u>80</u> Flush <u>13</u> Overflush <u>0</u> Fluid to Recover <u>80</u>	

PROCEDURE SUMMARY

Time AM/PM	Treating Pressure-Psi		Surface Slurry BBLS. Pumped		Slurry Rate BPM	Comments
	STP	Annulus	Stage	Total		
02:49	2455					Press Test Line
02:53	131			28	2.7	Open W/H St. Acid
03:10	147		28	28	2	St. Acid and Balls
03:23	360		24	56	2	St. Acid
03:37	399		13	80	2	St. Flush
03:44				93		Shutdown

Treating Pressure	Injection Rates	Shut In Pressures	Customer Rep.
Minimum <u>435</u>	Treating Fluid <u>2</u>	ISDP <u>438</u>	Monty Collins
Maximum <u>1600</u>	Flush <u>2</u>	5 Min. <u>117</u>	BJ Rep. <u>Mario O Perez</u>
Average <u>349</u>	Average <u>2</u>	10 Min. <u>116</u>	Job Number <u>1001979661</u>
Operators Max. Pressure <u>1500</u>		15 Min. <u>116</u>	Rec. ID No. _____
		Final <u>116</u> In <u>15</u> Min.	Distribution _____
		Flush Dens. lb./gal. <u>8.43</u>	



FIELD RECEIPT NO. 1001979661

CUSTOMER RED MESA O&G LLC				CREDIT APPROVAL NO.	PURCHASE ORDER NO.	CUSTOMER NUMBER 20007318 - 00238621	INVOICE NUMBER			
MAIL INVOICE TO :		STREET OR BOX NUMBER PO BOX 9			CITY Marvel	STATE Colorado	ZIP CODE 81329			
DATE WORK COMPLETED	MO. 04	DAY 12	YEAR 2013	BHI REPRESENTATIVE Mario O Perez	WELL API NO: 05067098640000	WELL TYPE : Old Well				
DISTRICT BJS, FARMINGTON				JOB DEPTH (ft) 3,740		WELL CLASS : Oil				
WELL NAME AND NUMBER GREER #34-3				TD WELL DEPTH (ft) 3,740		GAS USED ON JOB : No Gas				
WELL LOCATION :		LEGAL DESCRIPTION 34-33N-12W		COUNTY/PARISH La Plata	STATE Colorado	JOB TYPE CODE : Pump Stim - Acid Spot				
PRODUCT CODE	DESCRIPTION				UNIT OF MEASURE	QUANTITY	LIST PRICE UNIT	GROSS AMOUNT	% DISC.	NET AMOUNT
100091	Ferotrol 300L				gals	18	44.100	793.80	70%	238.14
100138	LT-21				gals	15	89.250	1,338.75	70%	401.63
398018ABF30	<u>12% HCl - 3% HF (ABF30)</u>				gals	3600	8.260	29,736.00	70%	8,920.80
488220	CI-27				gals	11	135.500	1,490.50	70%	447.15
488268	BioSealers MR				ea	42	23.700	995.40	70%	298.62
488496	NE-900, drum				gals	8	83.000	664.00	70%	199.20
488531	GasFlo G, 55 gal drum				gals	8	124.000	992.00	70%	297.60
SUB-TOTAL FOR Product Material								36,010.45	70.00%	10,803.14
A151	Personnel Per Diem Chrg - Acid Svc				ea	1	210.000	210.00	0%	210.00
SUB-TOTAL FOR Service Charges								210.00	0%	210.00
F715	Fuel per pump charge - acid				pump/hr	1	70.250	70.25	70%	21.08
F721	Acid Pump, 0 - 2500 psi - Slurry				2hrs	1	5,150.000	5,150.00	70%	1,545.00
J227	Data Acquisition, Acid, Standard				job	1	2,700.000	2,700.00	70%	810.00
SUB-TOTAL FOR Equipment								7,920.25	70.00%	2,376.08
ARRIVE LOCATION :	MO.	DAY	YEAR	TIME	SERVICE ORDER: I AUTHORIZE WORK TO BEGIN PER SERVICE INSTRUCTIONS IN ACCORDANCE WITH THE TERMS AND CONDITIONS PRINTED ON THE LAST PAGE OF THIS FORM AND REPRESENT THAT I HAVE AUTHORITY TO ACCEPT AND SIGN THIS ORDER.			SERVICE RECEIPT: I CERTIFY THAT THE MATERIALS AND SERVICES LISTED WERE RECEIVED AND ALL SERVICES PERFORMED IN A WORKMANLIKE MANNER.		
CUSTOMER REP. Monty Collins					CUSTOMER AUTHORIZED AGENT			X CUSTOMER AUTHORIZED AGENT		
SEE LAST PAGE FOR GENERAL TERMS AND CONDITIONS								X BHI APPROVED		



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CUSTOMER RED MESA O&G LLC		CREDIT APPROVAL NO.	PURCHASE ORDER NO.	CUSTOMER NUMBER 20007318 - 00238621	INVOICE NUMBER		
MAIL INVOICE TO : STREET OR BOX NUMBER PO BOX 9		CITY Marvel		STATE Colorado	ZIP CODE 81329		
DATE WORK COMPLETED MO. 04 DAY 12 YEAR 2013	BHI REPRESENTATIVE Mario O Perez	WELL API NO: 05067098640000	WELL TYPE : Old Well				
DISTRICT BJS, FARMINGTON		JOB DEPTH (ft) 3,740	WELL CLASS : Oil				
WELL NAME AND NUMBER GREER #34-3		TD WELL DEPTH (ft) 3,740	GAS USED ON JOB : No Gas				
WELL LOCATION :	LEGAL DESCRIPTION 34-33N-12W	COUNTY/PARISH La Plata	STATE Colorado	JOB TYPE CODE : Pump Stim - Acid Spot			
PRODUCT CODE	DESCRIPTION	UNIT OF MEASURE	QUANTITY	LIST PRICE UNIT	GROSS AMOUNT	% DISC.	NET AMOUNT
J340	Bulk Delivery, Trans., Over 3000 gals	hrs	2	264.000	528.00	70%	158.40
	SUB-TOTAL FOR Freight/Delivery Charges				528.00	70%	158.40
	FIELD ESTIMATE				44,668.70	69.67%	13,547.62
ARRIVE LOCATION :	MO. DAY YEAR TIME	SERVICE ORDER: I AUTHORIZE WORK TO BEGIN PER SERVICE INSTRUCTIONS IN ACCORDANCE WITH THE TERMS AND CONDITIONS PRINTED ON THE LAST PAGE OF THIS FORM AND REPRESENT THAT I HAVE AUTHORITY TO ACCEPT AND SIGN THIS ORDER.			SERVICE RECEIPT: I CERTIFY THAT THE MATERIALS AND SERVICES LISTED WERE RECEIVED AND ALL SERVICES PERFORMED IN A WORKMANLIKE MANNER.		
CUSTOMER REP. Monty Collins		SEE LAST PAGE FOR GENERAL TERMS AND CONDITIONS			CUSTOMER AUTHORIZED AGENT <input checked="" type="checkbox"/>		
					BHI APPROVED <input checked="" type="checkbox"/>		
		CUSTOMER AUTHORIZED AGENT					

STIMULATION TREATMENT REPORT



Date 12-APR-13 District Farmington F.Receipt 1001979385 Customer RED MESA O&G LLC
 Lease GREER #34-3 Well Name GREER #34-3
 Field RED MESA Location 34-33N-12W
 County La Plata State Colorado Stage No 1 Well API - API 05067098640000

WELL DATA		Well Type:	Well Class:		Depth TD/PB:		Formation:	
Geometry Type	Tubular Type	OLD	OIL		3492	3492	DAKOTA	
TUBULAR	CSG							
TUBULAR	CSG	7	23	6.366	0	1650		
TUBULAR	TBG	4.5	11.6	4	1400	3740		
COMPLETION		2.375	4.7	1.995	0	3510		
					3475	3508		

Packer Type _____ Packer Depth 5443 FT

TREATMENT DATA				LIQUID PUMPED AND CAPACITIES IN BBLs.	
Fluid Type	Fluid Desc	Pumped Volume(Gals)	Prop. Description	Volume Pumped(Lbs)	
TREATMENT FLUID	2%KCL	483	NO PROPPANT		Tubing Cap. <u>13.5</u>
PAD	7%HCL	210			Casing Cap. <u>58.1</u>
				Total Prop Qty: _____	Annular Cap. <u>0</u>
Previous Treatment <u>N/A</u> Previous Production <u>Z</u>					Open Hole Cap. <u>0</u>
Hole Loaded With <u>2%kcl</u> Treat Via: Tubing <input checked="" type="checkbox"/> Casing <input type="checkbox"/> Anul. <input type="checkbox"/> Tubing & Anul. <input type="checkbox"/>					Fluid to Load <u>0</u>
Ball Sealers: <u>0</u> In _____ Stages Type _____					Pad Volume <u>0</u>
Auxiliary Materials <u>3GALS.FERROTROL300L,2GALS.CI-27,1GALS.GASFLOG,1GALS.NE-900</u>					Treating Fluid <u>5</u>
					Flush <u>12.5</u>
					Overflush <u>0</u>
					Fluid to Recover <u>5</u>

PROCEDURE SUMMARY

Time AM/PM	Treating Pressure-Psi		Surface Slurry BBLs. Pumped		Slurry Rate BPM	Comments
	STP	Annulus	Stage	Total		
09:45						Safety meeting
10:15	3152					Pretest Line
10:17	450		5		2.5	open W/H St. Acid
10:22	513		12	5	2.6	St. Flush
10:26	102			17		Shutdown

Treating Pressure		Injection Rates		Shut In Pressures		Customer Rep.	
Minimum	345	Treating Fluid	2.5	ISDP	120	BJ Rep.	Monty Collins
Maximum	536	Flush	2.6	5 Min.		Job Number	1001979385
Average	450	Average	2.3	10 Min.		Rec. ID No.	
Operators Max. Pressure				15 Min.		Distribution	
1000				Final In Min.			
				Flush Dens. lb./gal.	8.43		

FIELD RECEIPT NO. 1001979385



CUSTOMER				CREDIT APPROVAL NO.	PURCHASE ORDER NO.	CUSTOMER NUMBER	INVOICE NUMBER		
RED MESA O&G LLC						20007318 - 00238621			
MAIL INVOICE TO :		STREET OR BOX NUMBER		CITY		STATE	ZIP CODE		
		PO BOX 9		Marvel		Colorado	81329		
DATE WORK COMPLETED	MO.	DAY	YEAR	BHI REPRESENTATIVE	WELL API NO:	WELL TYPE :			
	04	12	2013	Mario O Perez	05067098640000	Old Well			
DISTRICT				JOB DEPTH (ft)	WELL CLASS :				
BJS, FARMINGTON				3,740	Oil				
WELL NAME AND NUMBER				TD WELL DEPTH (ft)	GAS USED ON JOB :				
GREER #34-3				3,492	No Gas				
WELL LOCATION :		LEGAL DESCRIPTION	COUNTY/PARISH	STATE	JOB TYPE CODE :				
		34-33N-12W	La Plata	Colorado	Pump Stim - Acid Spot				
PRODUCT CODE	DESCRIPTION			UNIT OF MEASURE	QUANTITY	LIST PRICE UNIT	GROSS AMOUNT	% DISC.	NET AMOUNT
100091	Ferotrol 300L			gals	1	44.100	44.10	70%	13.23
488220	CI-27			gals	1	135.500	135.50	70%	40.65
488496	NE-900, drum			gals	1	83.000	83.00	70%	24.90
488531	GasFlo G, 55 gal drum			gals	1	124.000	124.00	70%	37.20
L398006-00	HCl, 5.1 - 7.5%			gals	210	6.830	1,434.30	70%	430.29
SUB-TOTAL FOR Product Material							1,820.90	70%	546.27
A151	Personnel Per Diem Chrg - Acid Svc			ea	1	210.000	210.00	0%	210.00
SUB-TOTAL FOR Service Charges							210.00	0%	210.00
F715	Fuel per pump charge - acid			pump/hr	1	70.250	70.25	70%	21.08
F721	Acid Pump, 0 - 2500 psi - Slurry			2hrs	1	5,150.000	5,150.00	70%	1,545.00
J227	Data Acquisition, Acid, Standard			job	1	2,700.000	2,700.00	70%	810.00
J390	Mileage, Heavy Vehicle			miles	120	11.850	1,422.00	70%	426.60
J391	Mileage, Auto, Pick-Up or Treating Van			miles	60	6.700	402.00	70%	120.60
SUB-TOTAL FOR Equipment							9,744.25	70.00%	2,923.28
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	04	12	2013	06:35				CUSTOMER AUTHORIZED AGENT	
CUSTOMER REP.							X		
Monty Collins							BHI APPROVED		
SEE LAST PAGE FOR GENERAL TERMS AND CONDITIONS				CUSTOMER AUTHORIZED AGENT			X		



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PRODUCT CODE	DESCRIPTION				UNIT OF MEASURE	QUANTITY	LIST PRICE UNIT	GROSS AMOUNT	% DISC.	NET AMOUNT	
	FIELD ESTIMATE							11,775.15	68.75%	3,679.55	
ARRIVE LOCATION :	MO. 04	DAY 12	YEAR 2013	TIME 06:35	SERVICE ORDER: I AUTHORIZE WORK TO BEGIN PER SERVICE INSTRUCTIONS IN ACCORDANCE WITH THE TERMS AND CONDITIONS PRINTED ON THE LAST PAGE OF THIS FORM AND REPRESENT THAT I HAVE AUTHORITY TO ACCEPT AND SIGN THIS ORDER.				SERVICE RECEIPT: I CERTIFY THAT THE MATERIALS AND SERVICES LISTED WERE RECEIVED AND ALL SERVICES PERFORMED IN A WORKMANLIKE MANNER.		
CUSTOMER REP. Monty Collins					CUSTOMER AUTHORIZED AGENT				X CUSTOMER AUTHORIZED AGENT		
SEE LAST PAGE FOR GENERAL TERMS AND CONDITIONS									X BHI APPROVED		