

BISON OIL WELL CEMENTING, INC.

1547 Gaylord Street
 Denver, Colorado 80206
 Phone: 303-296-3010
 Fax: 303-298-8143
 E-mail: bisonoil1@qwestoffice.net



INVOICE #
 LOCATION
 FOREMAN

11815
 Cr 2
 Bruch

TREATMENT REPORT

DATE	WELL NAME	SECTION	TWP	RGE	COUNTY
June 27 2013	Bledsoe 13x 2-S-45				
BILL TO	CONSULTANT				
OWNER	Omir				
MAILING ADDRESS	RIG NAME & NUMBER		UNITS ON LOCATION		
	Excell Rig 2		4023/3101/3105/102		
CITY	TIME REQUESTED	TIME ARRIVED ON LOCATION			
	5:00	4:30			
STATE, ZIP	TIME LEFT LOCATION				
	8:00am				

WELL DATA			Cement Makeup			
HOLE SIZE	TUBING SIZE	PERFORATIONS	Cement Blend	Pg-Lite 50/50 2%gal 2% CFL-80		
	D-P 3 1/2		Cement - Specs	lbs	Yield	Water Requirements
TOTAL DEPTH	TUBING DEPTH	SHOTS/FT		13.8	1.33	6.28
	2512		Annulus Factor	Capacity Factor		
CASING SIZE	TUBING WEIGHT	OPEN HOLE	TYPE OF TREATMENT <input type="checkbox"/> Surface Pipe <input type="checkbox"/> Production <input type="checkbox"/> Squeeze <input type="checkbox"/> MISC Pump <input checked="" type="checkbox"/> P&A			
CASING DEPTH	TUBING CONDITION	TREATMENT VIA				
CASING WEIGHT	PACKER DEPTH					
CASING CONDITION						
Max Rate			HYD HHP = RATE X PRESSURE / 40.8			
Max Pressure			% Excess			
			BBL to Pit			

DESCRIPTION OF JOB EVENTS

MIRU, Safety meeting, break etc, M+P 1st plug of 35sks, 2nd plug M+P 35sks, 3rd plug M+P 10sks rig down clean up

X [Signature]
 Authorization To Proceed

[Signature]
 Title

X June 27 2013
 Date

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, CO 80202
 303-296-3010
 www.Bisonoilwell.com

Cementing Customer Satisfaction Survey

Service Date June 27 2013 Invoice Number 11815
 Invoice Amount 4990.00 Well Permit Number _____
 Well Name Blakely 13x 2.5.45 Well Type Inst F.O.I.
 Well Location Py 2 Well Number 28-45
 County Yuma Lease _____
 SEC/TWP/RNG 2-5-13 Job Type FA
 State CO Company Name Ormix
 Supervisor Name Brad Customer Representative Paul
 Customer Phone Number _____

Employee Name Exposure Hours (Per Employee)
Brad 4
Aaron 4
Junior 4

 Total Exposure Hours 12 Did we encounter any problems on this job? Yes / No No

To Be Completed By Customer

- | | |
|--|-------------------------|
| Rating/Description | Opportunity |
| 5 - Superior Performance (Established new quality / performance standards) | Best Practices |
| 4 - Exceeded Expectations (Provided more than what was required / expected) | Potential Best Practice |
| 3 - Met Expectations (Did what was expected) | Prevention/Improvement |
| 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

RATING / CATEGORY	CUSTOMER SATISFACTION RATING
<u>3</u> Personnel -	Did our personnel perform to your satisfaction ?
Equipment -	Did our equipment perform to your satisfaction ?
Job Design -	Did we perform the job to the agreed upon design ?
Product / Material -	Did our products and materials perform as you expected ?
Health & Safety -	Did we perform in a safe and careful manner (Pre / post mtgs, PPE, TSMR, etc..) ?
Environmental -	Did we perform in an environmentally sound manner (Spills, leaks, cleanup, etc..) ?
Timeliness -	Was job performed as scheduled (On time to site, accessible to customer, completed when expected)?
Condition / Appearance -	Did the equipment condition and appearance meet your expectation?
Communication -	How well did our personnel communicate during mobilization, rig up, and job execution?
Improvement -	What can we do to improve our service?

Please Circle:

Yes / No - Did an accident or injury occur?	Yes / No - Was a pre-job safety meeting held?
Yes / No - Did an injury requiring medical treatment occur?	Yes / No - Was a job safety analysis completed?
Yes / No - Did a first-aid injury occur?	Yes / No - Were emergency services discussed?
Yes / No - Did a vehicle accident occur?	Yes / No - Did environmental incident occur?
Yes / No - Was a post-job safety meeting held?	Yes / No - Did any near misses occur?

Additional Comments:

THE INFORMATION HEREIN IS CORRECT -

Paul June 27 2013
 Customer Representative's Signature Date
 Any additional Customer Comments or HSE concerns should be described on the back of this form

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SERVICE INVOICE

Nº 11815

WELL NO. AND FARM: Bloodsac 13X 2-5-15
 COUNTY: Yuma STATE: CO
 CHANGE TO: Amix WELL LOCATION: _____ DATE: June 27 2013
 TWP: _____ DELIVERED TO: _____ CONTRACTOR: _____
 SHIPPED VIA: 4093/1310/13105/1102
 TYPE AND PURPOSE OF JOB: P/A

PRICE REFERENCE	DESCRIPTION	QTY.	UNITS	MEAS.	UNIT PRICE	AMOUNT	DATE		
							1 LOCATION	2 LOCATION	3 LOCATION
	Rump Charge (P/A)	1	ea		3000.00	3000.00			
	Truck mileage (60 miles (120 miles))	2	ea		480.00	480.00			
	Pick up mileage (60 miles (80))	ea			90.00	90.00			
	cement, Bg-1 lite 5040 Mogel 1% C.F.L-80	80	SKs		17.75	1420.00			
	Wetland take, 13.81b 133VH1, G.28								

If this account is not paid within 30 days of invoice date a FINANCE CHARGE 1 1/2% per month will be added. ANNUAL PERCENTAGE RATE OF 18%.

TOTAL: 4790.00
 SUB TOTAL: _____
 TAX: _____
 "TAXES WILL BE ADDED AT CORPORATE OFFICE"
 SUBJECT TO CORRECTION

Customer or His Agent: M. G. J.
 Signature: Brad Howard
 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.



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B.O.C. Tailgate Safety Meeting Report

INVOICE 11815

Date June 27 Time 5:30 AM PM Meeting Facilitator Brad K.

Facility Name and Location Excell Rig 2 Work to be Undertaken PIA

Nearest Emergency Medical Service Number (Other than 911) _____

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 checked="" type="checkbox"/> Job Safety Analysis Reviewed (if applicable) | <input type="checkbox"/> Hazardous Substance |
| <input checked="" type="checkbox"/> Falling from Heights | <input checked="" type="checkbox"/> NORM or Other Radiation | <input type="checkbox"/> Hazardous Atmosphere |
| <input checked="" type="checkbox"/> Slips/Trips/Falls | <input checked="" type="checkbox"/> Overhead work/suspended Loads/Chains/Slings | <input checked="" type="checkbox"/> Walking/Working Surfaces |
| <input checked="" type="checkbox"/> Extreme Heat/Cold | <input checked="" type="checkbox"/> Trapped Pressure | <input checked="" type="checkbox"/> Noise Levels |
| <input checked="" type="checkbox"/> Electrical Current | <input checked="" type="checkbox"/> Flammable/Combustible/Explosives | <input checked="" type="checkbox"/> Sharp Edges |
| <input checked="" type="checkbox"/> Overexertion/Heavy Lifting | <input checked="" type="checkbox"/> Pinch Points/Moving/Rotating Equipment | <input checked="" type="checkbox"/> Insects/Snakes/etc. |
| <input checked="" type="checkbox"/> Spills/Releases | <input checked="" type="checkbox"/> Waste Handling/Disposal | <input checked="" type="checkbox"/> MSDS's Reviewed |
| <input checked="" type="checkbox"/> Flying Particles | <input checked="" type="checkbox"/> Excavation Collapse | <input checked="" type="checkbox"/> Walk Around Site Assessment |
| <input checked="" 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 checked="" type="checkbox"/> Tinted Lenses | <input checked="" type="checkbox"/> Chemical Resistant Gloves | <input checked="" type="checkbox"/> Rubber Boots | <input type="checkbox"/> Air Purifying Respirator |
| <input checked="" type="checkbox"/> Goggles | <input checked="" type="checkbox"/> Heat Resistant Gloves | <input checked="" type="checkbox"/> Over Boots | <input type="checkbox"/> Supplied Air Respirator |
| <input checked="" type="checkbox"/> Faceshield | <input checked="" type="checkbox"/> Cotton or Leather Gloves | <input checked="" type="checkbox"/> Dielectric Boots | <input type="checkbox"/> Personal H2S Monitor (if in sour area) |
| <input checked="" type="checkbox"/> Hearing Protection | <input checked="" 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>Brad</u>	<u>[Signature]</u>
<u>Aaron</u>	<u>[Signature]</u>
<u>Jan O</u>	<u>[Signature]</u>
<u>Rick P</u>	<u>[Signature]</u>

Other Considerations and Field Notes: