

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
Cr2
Brud.

TREATMENT REPORT

DATE	WELL NAME	SECTION	TWP	RGE	COUNTY
June 27 2013	Bledsoe 13x 2-S-45				
BILL TO	CONSULTANT				
OWNER	RIG NAME & NUMBER				
	Excell Rig 2				
MAILING ADDRESS	DISTANCE TO LOCATION		UNITS ON LOCATION		
	60		4023/3101/3105/102		
CITY	TIME REQUESTED		TIME ARRIVED ON LOCATION		
	5:00		4:30		
STATE, ZIP	TIME LEFT LOCATION				
	8:00pm				

WELL DATA

HOLE SIZE	TUBING SIZE	PERFORATIONS
	D-P 3 1/2	
TOTAL DEPTH	TUBING DEPTH	SHOTS/FT
	2512	
CASING SIZE	TUBING WEIGHT	OPEN HOLE
CASING DEPTH	TUBING CONDITION	TREATMENT VIA
CASING WEIGHT	PACKER DEPTH	
CASING CONDITION		
Max Rate		
Max Pressure		

Cement Makeup

Cement Blend	Bg-Lite 50/50 2%gel 2% CFL-80		
Cement - Specs	lbs	Yield	Water Requirements
	13.8	1.33	6.28
Annulus Factor	Capacity Factor		

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	

HYD HHP = RATE X PRESSURE / 40.8

% Excess

BBL to Pit

DESCRIPTION OF JOB EVENTS

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

X

Authorization To Proceed

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 13x25-45 Well Type grout 10-1
Well Location 11-2 Well Number 28-45
County Wanna 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 _____
Aaron _____
Junior _____
Total Exposure Hours 12

Did we encounter any problems on this job? Yes / No 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 -
- Equipment -
- Job Design -
- Product / Material -
- Health & Safety -
- Environmental -
- Timeliness -
- Condition / Appearance -
- 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?

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 -

Paul
Customer Representative's Signature

June 27 2013
Date

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

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INVOICE #
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FOREMAN

11815
Cr2
Brad

Treatment Report Page 2

DESCRIPTION OF JOB EVENTS

Safety Meeting	5:30	Displace 1			Displace 2			Displace 3			Displace 4			Displace 5			Displace 5		
MIRU	5:00	BBLS	Time	PSI	BBLS	Time	PSI	BBLS	Time	PSI	BBLS	Time	PSI	BBLS	Time	PSI	BBLS	Time	PSI
CIRCULATE	5:25	0	5:50	60	0	7:43	90	0	8:15	60	0			0			0		
Drop Plug		10	5:51	100	10			10			10			10			10		
2nd 545		20	5:54	100	20			20			20			20			20		
		30			30			30			30			30			30		
		40			40			40			40			40			40		
M & P		50			50			50			50			50			50		
Time	Sacks	60			60			60			60			60			60		
5:45am	35	70			70			70			70			70			70		
7:37am	35	80			80			80			80			80			80		
8:10am	10	90			90			90			90			90			90		
		100			100			100			100			100			100		
		110			110			110			110			110			110		
		120			120			120			120			120			120		
		130			130			130			130			130			130		
		140			140			140			140			140			140		
		150			150			150			150			150			150		

Notes:

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

X

Work Performed

X

Title

X

Date

6/27/13

10
1
1
0
1
1

SUBJECT TO CORRECTION



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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 Exxon 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 checked="" type="checkbox"/> Hazardous Substance |
| <input checked="" type="checkbox"/> Falling from Heights | <input checked="" type="checkbox"/> NORM or Other Radiation | <input checked="" 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 checked="" type="checkbox"/> Air Purifying Respirator |
| <input checked="" type="checkbox"/> Goggles | <input checked="" type="checkbox"/> Heat Resistant Gloves | <input checked="" type="checkbox"/> Over Boots | <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Chemical Resistant Clothing |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input checked="" 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
Brad	
Aaron	
Jan O	
KOOP	

Other Considerations and Field Notes: