

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



№ 11980

WELL NO. AND FARM <i>Zone 1B-10H</i>		COUNTY <i>Weld</i>	STATE <i>Co</i>	DATE <i>5/24/13</i>	
CHARGE TO <i>Encora</i>		WELL LOCATION SEC. TWP. RANGE		CONTRACTOR <i>Ensign 124</i>	
		DELIVERED TO <i>31/22</i>		LOCATION <i>1 LaSalle</i>	CODE
		SHIPPED VIA <i>4006, 3205, 4020, 3103, 11A</i>		LOCATION <i>2 31/22</i>	CODE
		TYPE AND PURPOSE OF JOB <i>Surface</i>		LOCATION <i>3 LaSalle</i>	CODE
				WELL TYPE <i>Oil</i>	CODE

[illegible]

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

TAX REFERENCES

SUB TOTAL

12,421	50
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TAX

"TAXES WILL BE ADDED AT CORPORATE OFFICE"

TOTAL

SUBJECT TO CORRECTION

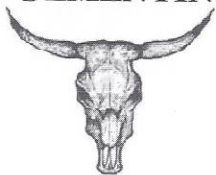
Customer or His Agent

Bison 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.

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



INVOICE #
LOCATION
FOREMAN

11980
3/22
Jon

TREATMENT REPORT

DATE 5/24/13	WELL NAME Tone 1B-10H	SECTION	TWP	RGE	COUNTY Weld
BILL TO Encana		CONSULTANT			
OWNER		RIG NAME & NUMBER Ensign 124			
MAILING ADDRESS		DISTANCE TO LOCATION 60 min		UNITS ON LOCATION 4006, 3205, 4020, 3103, 119	
CITY		TIME REQUESTED 10:00		TIME ARRIVED ON LOCATION 9:30	
STATE, ZIP		TIME LEFT LOCATION			

WELL DATA

HOLE SIZE 12 1/4	TUBING SIZE	PERFORATIONS
TOTAL DEPTH 1025	TUBING DEPTH	SHOTS/FT
CASING SIZE 9 5/8	TUBING WEIGHT	OPEN HOLE
CASING DEPTH 1014	TUBING CONDITION	TREATMENT VIA
CASING WEIGHT 40	PACKER DEPTH	
CASING CONDITION		
Max Rate 6		
Max Pressure 2000		

Cement Makeup

Cement Blend	Type III, 3% CCA, 1/4 backplate		
Cement - Specs	lbs 15.2	Yield 1.27	Water Requirements 5.89
Annulus Factor .3132	Capacity Factor .0758		

TYPE OF TREATMENT

<input checked="" type="checkbox"/> Surface Pipe	<input type="checkbox"/> Production	<input type="checkbox"/> Squeeze
<input type="checkbox"/> MISC Pump	<input type="checkbox"/> P&A	

HYD HHP = RATE X PRESSURE / 40.8

% Excess	40
BBL to Pit	17

DESCRIPTION OF JOB EVENTS 410

MIRU JSA Circ 10 fresh, 10 dye, 10 fresh, MAP 350 SKS @ 40% EXCESS = 48.3 bbls of mix H₂O, Drop plug, Displace 73.5 bbls

X Authorization To Proceed

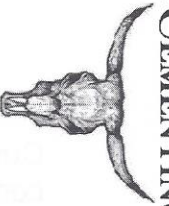
WSL Title

X 5-24-13 Date

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INVOICE #
LOCATION
FOREMAN

11980
31/02
Don

Treatment Report Page 2

DESCRIPTION OF JOB EVENTS

Safety Meeting	Time	Displace 1			Displace 2			Displace 3			Displace 4			Displace 5		
		BBLs	Time	PSI	BBLs	Time	PSI	BBLs	Time	PSI	BBLs	Time	PSI	BBLs	Time	PSI
MIRU	9:45															
CIRCULATE	11:25	0	11:55	400	0			0			0			0		
Drop Plug		10	11:57	420	10			10			10			10		
		20	11:59	500	20			20			20			20		
		30	12:01	550	30			30			30			30		
		40	12:03	580	40			40			40			40		
		50	12:05	630	50			50			50			50		
M & P		60	12:08	700	60			60			60			60		
Time	Sacks															
Start 11:31	414	7038	12:12	780	70			70			70			70		
Finish 11:53		80			80			80			80			80		
		90			90			90			90			90		
		100			100			100			100			100		
		110			110			110			110			110		
		120			120			120			120			120		
		130			130			130			130			130		
		140			140			140			140			140		
		150			150			150			150			150		

Notes:

Set plug @ 780 psi held for 5 minutes, 17 bbl to pit

X *[Signature]*

X *[Signature]*

X 5-24-13

Work Performed

Title

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 5/24/13 Invoice Number 11980
Invoice Amount _____ Well Permit Number _____
Well Name Fone Well Type Oil
Well Location 31/22 Well Number 1B-10 H
County Weld Lease _____
SEC/TWP/RNG _____ Job Type SURFACE
State CO Company Name ENCANA
Supervisor Name Jon Customer Representative _____
Customer Phone Number _____
Employee Name _____ Exposure Hours (Per Employee) _____

Jon
Kirk
Greg

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

<u>4</u> Personnel -	Did our personnel perform to your satisfaction ?
<u>3</u> Equipment -	Did our equipment perform to your satisfaction ?
<u>3</u> Job Design -	Did we perform the job to the agreed upon design ?
<u>3</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>3</u> Environmental -	Did we perform in an environmentally sound manner (Spills, leaks, cleanup, etc..) ?
<u>3</u> Timeliness -	Was job performed as scheduled (On time to site, accessible to customer, completed when expected)?
<u>3</u> Condition / Appearance -	Did the equipment condition and appearance meet your expectation?
<u>4</u> 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 - 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?

GREAT Job, THANKS

THE INFORMATION HEREIN IS CORRECT -

[Signature]

Customer Representative's Signature

5-24-13

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 11980

Date 05/24/13 Time ☒ AM ☐ PM Meeting Facilitator Jon
Facility Name and Location Zone 1B-10H Work to be Undertaken Surface
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"/> Falling from Heights <input checked="" type="checkbox"/> Slips/Trips/Falls <input checked="" 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 type="checkbox"/> Job Safety Analysis Reviewed (if applicable) <input type="checkbox"/> NORM or Other Radiation <input 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 type="checkbox"/> Excavation Collapse <input type="checkbox"/> <u> </u>	<input type="checkbox"/> Hazardous Substance <input type="checkbox"/> Hazardous Atmosphere <input 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 type="checkbox"/> Walk Around Site Assessment <input type="checkbox"/> <u> </u>
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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"/> <u> </u>	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"/> <u> </u>	Feet <input type="checkbox"/> Rubber Boots <input type="checkbox"/> Over Boots <input type="checkbox"/> Dielectric Boots <input type="checkbox"/> <u> </u>	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"/> <u> </u>
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EMERGENCY PREPARATIONS

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

Additional Topics Covered:

Attendees (Signature)/Company	Attendees (Signature)/Company
<u>Jon</u>	<u> </u>
<u>Chris C102K6</u>	<u> </u>
<u>Ladim SK20 m</u>	<u>Shane Bradley - Tech Staff</u>
<u>PR Darden</u>	<u>Greg Folsom - Biscow</u>
	<u>Jim Jorgensen</u>

Other Considerations and Field Notes: