

# BISON OIL WELL CEMENTING, INC.

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



## SERVICE INVOICE

**Nº 12470**

WELL NO. AND FARM <i>Devore 1C-34H</i>		COUNTY <i>weld</i>	STATE <i>CO</i>	DATE <i>10-1-83</i>
CHARGE TO <i>Encana</i>		WELL LOCATION SEC. <i>34</i> TWP. <i>3N</i> RANGE <i>66W</i>		CONTRACTOR <i>Patterson 272</i>
		DELIVERED TO <i>28-31</i>	LOCATION <i>1 Shop</i> CODE	
		SHIPPED VIA <i>3102-3203</i>	LOCATION <i>2 28-31</i> CODE	
		TYPE AND PURPOSE OF JOB <i>Surface Pipe</i>		LOCATION <i>3 Shop</i> CODE
				WELL TYPE <i>665</i> CODE

PRICE REFERENCE	DESCRIPTION	UNITS		UNIT PRICE	AMOUNT
		QTY.	MEAS.		
	<i>Pump charge</i>	<i>1</i>	<i>each</i>	<i>1400<sup>00</sup></i>	<i>1400<sup>00</sup></i>
	<i>BFW 3% BCCA-1, 25KSPERSK BPLA-1</i>	<i>385</i>	<i>SKS</i>	<i>22<sup>45</sup></i>	<i>8643<sup>25</sup></i>
	<i>mileage 4<sup>00</sup> per mile 60 mile in Road trip</i>	<i>2</i>	<i>each</i>	<i>240<sup>00</sup></i>	<i>480<sup>00</sup></i>
	<i>mileage 1<sup>50</sup> per mile 60 mile in Road trip Pickup</i>	<i>1</i>	<i>each</i>	<i>90<sup>00</sup></i>	<i>90<sup>00</sup></i>
	<i>BCLT-1</i>	<i>3</i>	<i>QTS</i>	<i>25<sup>00</sup></i>	<i>75<sup>00</sup></i>
	<i>Blue Dye</i>	<i>10</i>	<i>oz</i>	<i>15<sup>00</sup></i>	<i>150<sup>00</sup></i>
	<i>Data Acc</i>	<i>1</i>	<i>each</i>	<i>275<sup>00</sup></i>	<i>275<sup>00</sup></i>
		<b>Total Weight</b>	<b>Loaded Miles</b>	<b>Ton Miles</b>	

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 1/2% which is equal to an ANNUAL PERCENTAGE RATE OF 18%.

**Encana Oil & Gas (USA) Inc.**

**DJ Basin**

**Well: Devore 1C-34H**

**AFE: 13174894**

**Major/Minor CC: 8715.618**

**Signature: Leonard Clark**

**Approver: RC:KB**

Customer or His Agent

### TAX REFERENCES

"TAXES WILL BE ADDED AT CORPORATE OFFICE"

SUB TOTAL

TAX

TOTAL

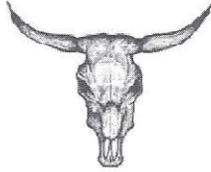
SUBJECT TO CORRECTION

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 # 12470  
 LOCATION 28-31  
 FOREMAN K.R.

## TREATMENT REPORT

DATE	WELL NAME	SECTION	TWP	RGE	COUNTY
10-1-13	Dewore 1C-34H	34	3N	66W	Weld
BILL TO	CONSULTANT				
Enigma	Leonard / Chris				
OWNER	RIG NAME & NUMBER				
	Patterson 272				
MAILING ADDRESS	DISTANCE TO LOCATION		UNITS ON LOCATION		
			3102-3203		
CITY	TIME REQUESTED		TIME ARRIVED ON LOCATION		
	12:00am		9:00pm		
STATE, ZIP	TIME LEFT LOCATION				
	6:00am				

WELL DATA			Cement Makeup			
HOLE SIZE	TUBING SIZE	PERFORATIONS	Cement Blend	BFM 3% BCCA-1, 25 lbs per sk BFLA-1		
12 1/4			Cement - Specs	lbs	Yield	Water Requirements
				15.2	1.27	5.89
TOTAL DEPTH	TUBING DEPTH	SHOTS/FT	Annulus Factor	Capacity Factor		
1040			0.3131	0.750		
CASING SIZE	TUBING WEIGHT	OPEN HOLE				
9 5/8						
CASING DEPTH	TUBING CONDITION	TREATMENT VIA	TYPE OF TREATMENT			
1034			<input checked="" type="checkbox"/> Surface Pipe	<input type="checkbox"/> Production	<input type="checkbox"/> Squeeze	
CASING WEIGHT	PACKER DEPTH		<input type="checkbox"/> MISC Pump	<input type="checkbox"/> P&A		
4016			HYD HHP = RATE X PRESSURE / 40.8			
CASING CONDITION	Good		% Excess			
Max Rate			BBL to Pit	14		
Max Pressure						

## DESCRIPTION OF JOB EVENTS

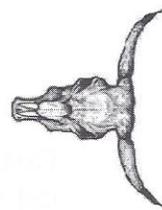
safety meeting, Rig up, PSF test, De cement over 300lbs KLLH2O 2nd run/ Dye mix Pump 385  
 sks cement at 27 % Excess at 15.2 lbs at 1.27 yield Release Plug Disp 74.8' BBS H2O  
 Bump Plug At 150 PSF over Lift PSF with 5min Release PSF, wash up Rig down

X \_\_\_\_\_ Title \_\_\_\_\_ Date X 10-1-13

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INVOICE #  
 LOCATION  
 FOREMAN

12470  
 28-31  
 R. H. C.

Treatment Report Page 2

## DESCRIPTION OF JOB EVENTS

Safety Meeting	MIRU	CIRCULATE	Drop Plug	4'139	Displace 1			Displace 2			Displace 3			Displace 4			Displace 5		
					Time	Sacks	BBLS	Time	PSI	BBLS									
					2:15														
					3:20														
					4:08	0		4:39	25	0		0		0		0		0	
						10		4:41	80	10		10		10		10		10	
						20		4:43	80	20		20		20		20		20	
						30		4:44	180	30		30		30		30		30	
						40		4:46	290	40		40		40		40		40	
						50		4:48	370	50		50		50		50		50	
						60		4:50	420	60		60		60		60		60	
						70		4:52	360	70		70		70		70		70	
						80		4:56	380	80		80		80		80		80	
						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:

used 385 sbs cement 87 BBLs slurry 14 BBLs to Pit  
 Bumped Plug At 4'56sams 580 PSP

X *Denard Clark*

X *Drill Site Manager*

X *10-1-13*

Work Performed

Title

Date



Bison Oil Well Cementing, Inc  
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**Cementing Customer Satisfaction Survey**

Service Date	<u>10-1-13</u>	Invoice Number	<u>12470</u>
Invoice Amount	_____	Well Permit Number	_____
Well Name	<u>Devore</u>	Well Type	<u>Gas</u>
Well Location	<u>31-28</u>	Well Number	<u>12-3411</u>
County	<u>weld</u>	Lease	_____
SEC/TWP/RNG	<u>34-3N-66W</u>	Job Type	<u>Surface Pipe</u>
State	<u>CO</u>	Company Name	<u>Enova</u>
Supervisor Name	<u>Kill</u>	Customer Representative	<u>Leonard</u>
		Customer Phone Number	_____

Employee Name

Eric

Chris

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Exposure Hours \_\_\_\_\_

Exposure Hours (Per Employee)

1

1

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did we encounter any problems on this job? Yes  No

**To Be Completed By Customer**

- |  |                         |
|--|-------------------------|
| <b>Rating/Description</b>  | <b>Opportunity</b>      |
| 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>4</u> Personnel -	Did our personnel perform to your satisfaction ?
<u>3</u> Equipment -	Did our equipment perform to your satisfaction ?
<u>4</u> Job Design -	Did we perform the job to the agreed upon design ?
<u>4</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>4</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?
<u>3</u> 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?

Totco Screen Failed on primary pump truck.

\_\_\_\_\_

\_\_\_\_\_

THE INFORMATION HEREIN IS CORRECT -

Leonard Clout \_\_\_\_\_ Date 10-1-13

Customer Representative's Signature

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