

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 12397

WELL NO. AND FARM <i>Marcus shade 3C-36H</i>		COUNTY <i>weld</i>	STATE <i>CO</i>	DATE <i>8-5-13</i>
CHARGE TO <i>Encana</i>		WELL LOCATION SEC. <i>36</i> TWP. <i>2N</i> RANGE <i>66W</i>		CONTRACTOR <i>Ensign 135</i>
DELIVERED TO <i>37-14</i>			LOCATION <i>1 37-14 Shop</i>	CODE
SHIPPED VIA <i>3143-3210</i>			LOCATION <i>2 37-14</i>	CODE
TYPE AND PURPOSE OF JOB <i>Surface Pipe</i>			LOCATION <i>3 shop</i>	CODE
			WELL TYPE <i>Gas</i>	CODE

PRICE REFERENCE	DESCRIPTION	UNITS		UNIT PRICE	AMOUNT																
		QTY.	MEAS.																		
	<i>Pump charge</i>																				
	<i>BFN III 3% BCLA-1, 25 lbs per SK BPLA-1</i>																				
	<i>Milage 4th per mile 60 mile min Round trip Trucks</i>																				
	<i>Milage 1st per mile 60 mile min Round trip Pickup</i>																				
	<i>BCLA-1</i>																				
	<i>Blue Dye</i>																				
	<i>Sugar</i>																				
	<table border="1"> <tr> <th colspan="2">Encana Oil & Gas (USA) Inc</th> </tr> <tr> <td>DJ Basin</td> <td>Date: <i>8-5-13</i></td> </tr> <tr> <td>Well:</td> <td><i>MARCUS STATE 3C-36H</i></td> </tr> <tr> <td>AFE:</td> <td><i>12170440</i></td> </tr> <tr> <td>Major / Minor CC:</td> <td><i>8715.618</i></td> </tr> <tr> <td>Total Amount:</td> <td><i>\$ 11038.25</i></td> </tr> <tr> <td>Signature:</td> <td><i>Bill LeF</i></td> </tr> <tr> <td>Approver:</td> <td></td> </tr> </table>					Encana Oil & Gas (USA) Inc		DJ Basin	Date: <i>8-5-13</i>	Well:	<i>MARCUS STATE 3C-36H</i>	AFE:	<i>12170440</i>	Major / Minor CC:	<i>8715.618</i>	Total Amount:	<i>\$ 11038.25</i>	Signature:	<i>Bill LeF</i>	Approver:	
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Signature:	<i>Bill LeF</i>																				
Approver:																					
	<i>RC: MS</i>																				
	Total Weight	Loaded Miles																			

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%.

TAX REFERENCES

"TAXES WILL BE ADDED AT CORPORATE OFFICE"

TAX

TOTAL

SUBJECT TO CORRECTION

Bill LeF

Customer or His Agent

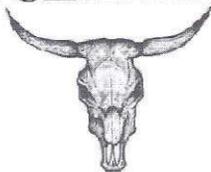
[Signature]

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
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INVOICE #
 LOCATION
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TREATMENT REPORT

DATE	WELL NAME	SECTION	TWP	RGE	COUNTY
8-5-13	marcus stade	36	2N	66W	weld
BILL TO	CONSULTANT				
	Dennis / Bill				
OWNER	RIG NAME & NUMBER				
	Ensign 135				
MAILING ADDRESS	DISTANCE TO LOCATION			UNITS ON LOCTION	
				3103-3210	
CITY	TIME REQUESTED			TIME ARRIVED ON LOCATION	
	5:30am			4:15am	
STATE, ZIP	TIME LEFT LOCATION				
	9:30am				

WELL DATA			Cement Makeup			
HOLE SIZE	TUBING SIZE	PERFORATIONS	Cement Blend	BFNII 340 BCCA-1 .25 lbs sp. SKS BFLA-1		
12 1/4			Cement - Specs	lbs	Yield	Water Requirements
TOTAL DEPTH	TUBING DEPTH	SHOTS/FT		13.1 / 15.2	1.69 / 1.27	8.64 / 5.69
1228			Annulus Factor	Capacity Factor		
CASING SIZE	TUBING WEIGHT	OPEN HOLE	3.31	.0758		
9 5/8			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			
CASING DEPTH	TUBING CONDITION	TREATMENT VIA	HYD HHP = RATE X PRESSURE / 40.8 % Excess <input type="text" value="50"/> BBL to Pit <input type="text" value="24"/>			
1228						
CASING WEIGHT	PACKER DEPTH					
40 lbs						
CASING CONDITION	<input type="text" value="Good"/>					
Max Rate	<input type="text"/>					
Max Pressure	<input type="text"/>					

DESCRIPTION OF JOB EVENTS

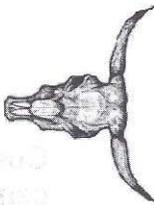
Safety meeting, Rig up, PSD test, Per remain circ 30 BBS RLL H2O 2nd 10 w/Dye, mix & Pump 285 SKS cement for lead at 13.1 lbs at 1.69 yield mix & Pump 100 SKS Tail cement at 15.2 lbs at 1.27 yield Release Plug Disp 89.5 BBS H2O Bump Plug at 150 PSI over wait 5min Release PSD wash up Rig Down

X BIA LJD Title ORLG SUPV Date 8-5-13

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Treatment Report Page 2

DESCRIPTION OF JOB EVENTS

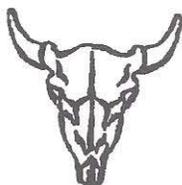
	Displace 1			Displace 2			Displace 3			Displace 4			Displace 5		
	BLS	Time	PSI	BLS	Time	PSI	BLS	Time	PSI	BLS	Time	PSI	BLS	Time	PSI
Safety Meeting	7:23														
MIRU	7:15														
CIRCULATE	7:53	0	8:22	10	8:24	60	10	8:25	70	20	8:27	70	30	8:29	130
Drop Plug	8:22	0	8:22	10	8:24	60	10	8:25	70	20	8:27	70	30	8:29	130
M & P		50	8:31	50	8:33	250	60	8:31	150	50	8:31	150	50	8:31	150
Time		Sacks													
	7:54	70	8:33	60	8:33	250	60	8:33	250	60	8:33	250	60	8:33	250
	8:19	80	8:36	80	8:36	340	80	8:36	340	80	8:36	340	80	8:36	340
		89	8:45	90	8:45	360	90	8:45	360	90	8:45	360	90	8:45	360
		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:

Used 285sils cement lead 857 BBS slurry 100sks Tail 22.6 BBS slurry
 Bump Plug At 8:15 Saw DST

X Pin Job Title _____ Date 8-5-13

Work Performed _____



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Cementing Customer Satisfaction Survey

Service Date	<u>8-5-13</u>	Invoice Number	<u>12397</u>
Invoice Amount	_____	Well Permit Number	_____
Well Name	<u>MARINS STAGE</u>	Well Type	<u>Gas</u>
Well Location	<u>37-14</u>	Well Number	<u>36-36H</u>
County	<u>Weld</u>	Lease	_____
SEC/TWP/RNG	<u>36-2N-66W</u>	Job Type	<u>Surface Pipe</u>
State	<u>CO</u>	Company Name	<u>Enron</u>
Supervisor Name	<u>Kirk Kallhoff</u>	Customer Representative	<u>Dennis Bell</u>
Employee Name	_____	Customer Phone Number	_____

<u>Chris</u>	Exposure Hours (Per Employee)
<u>Kurt</u>	<u>5.25</u>
_____	<u>5.25</u>
_____	_____
_____	_____
_____	_____
Total Exposure Hours	_____

Did we encounter any problems on this job? Yes / 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
_____ 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 - 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 -

Customer Representative's Signature	<u>8-5-13</u>
_____	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 12397

Date 8-5-13 Time 7:23 AM PM Meeting Facilitator Kirk Kallho FP
 Facility Name and Location marcus state 3A-36M Work to be Undertaken Surface Pipe
 Nearest Emergency Medical Service Number (Other than 911) ~~6024~~ Brighton

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 type="checkbox"/> Falling from Heights | <input 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 type="checkbox"/> Extreme Heat/Cold | <input checked="" type="checkbox"/> Trapped Pressure | <input type="checkbox"/> Noise Levels |
| <input type="checkbox"/> Electrical Current | <input type="checkbox"/> Flammable/Combustible/Explosives | <input type="checkbox"/> Sharp Edges |
| <input type="checkbox"/> Overexertion/Heavy Lifting | <input checked="" type="checkbox"/> Pinch Points/Moving/Rotating Equipment | <input type="checkbox"/> Insects/Snakes/etc. |
| <input type="checkbox"/> Spills/Releases | <input type="checkbox"/> Waste Handling/Disposal | <input type="checkbox"/> MSDS's Reviewed |
| <input type="checkbox"/> Flying Particles | <input checked="" type="checkbox"/> Excavation Collapse | <input checked="" type="checkbox"/> Walk Around Site Assessment |
| <input 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 type="checkbox"/> Tinted Lenses | <input type="checkbox"/> Chemical Resistant Gloves | <input type="checkbox"/> Rubber Boots | <input type="checkbox"/> Air Purifying Respirator |
| <input type="checkbox"/> Goggles | <input type="checkbox"/> Heat Resistant Gloves | <input type="checkbox"/> Over Boots | <input type="checkbox"/> Supplied Air Respirator |
| <input type="checkbox"/> Faceshield | <input type="checkbox"/> Cotton or Leather Gloves | <input type="checkbox"/> Dielectric Boots | <input type="checkbox"/> Personal H2S Monitor (if in sour area) |
| <input type="checkbox"/> Hearing Protection | <input type="checkbox"/> Dielectric Gloves | <input type="checkbox"/> _____ | <input type="checkbox"/> Chemical Resistant Clothing |
| <input type="checkbox"/> _____ | <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>[Signature]</u> ENSIGN	<u>[Signature]</u> Campbell SR
<u>[Signature]</u> ENSIGN	<u>[Signature]</u> - 1234
<u>[Signature]</u> James Dink	
<u>[Signature]</u> JARON Robb Ensign 35	

Other Considerations and Field Notes:

M/D TOTCO 2000 SERIES

