

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.																		
	Pump charge																				
	BFN III 3% BCLA-1, 25Kbs per SK BPLA-1																				
	mileage 4 th per mile 60 mile min Round trip Trucks																				
	mileage 1 st per mile 60 mile min Round trip Pickup																				
	BCLA-1																				
	Blue Dye																				
	Sugar																				
		<table><tr><td colspan="2">Encana Oil & Gas (USA) Inc</td></tr><tr><td>DJ Basin</td><td>Date: 8-5-13</td></tr><tr><td colspan="2">Well: MARCUS STATE 3C-36H</td></tr><tr><td>AFE:</td><td>12170440</td></tr><tr><td>Major / Minor CC:</td><td>8715.618</td></tr><tr><td>Total Amount:</td><td>\$ 11038.25</td></tr><tr><td>Signature:</td><td>Bill Leif</td></tr><tr><td>Approver:</td><td></td></tr></table>				Encana Oil & Gas (USA) Inc		DJ Basin	Date: 8-5-13	Well: MARCUS STATE 3C-36H		AFE:	12170440	Major / Minor CC:	8715.618	Total Amount:	\$ 11038.25	Signature:	Bill Leif	Approver:	
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Signature:	Bill Leif																				
Approver:																					

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 Leif

Customer or His Agent

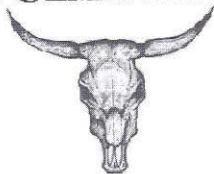
[Signature]

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
Phone: 303-296-3010
Fax: 303-298-8143
E-mail: bisonoil1@qwestoffice.net



INVOICE #
LOCATION
FOREMAN

12397
37-14
Kirk

TREATMENT REPORT

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

WELL DATA

HOLE SIZE	TUBING SIZE	PERFORATIONS
12 1/4		
TOTAL DEPTH	TUBING DEPTH	SHOTS/FT
1228		
CASING SIZE	TUBING WEIGHT	OPEN HOLE
9 5/8		
CASING DEPTH	TUBING CONDITION	TREATMENT VIA
1228		
CASING WEIGHT	PACKER DEPTH	
40 lbs		
CASING CONDITION	Good	
Max Rate		
Max Pressure		

Cement Makeup

Cement Blend	BFN 340 BCCA 1.25 BSGO SKS BFLA-1		
Cement - Specs	lbs	Yield	Water Requirements
	13.1 / 15.2	1.69 / 1.27	8.64 / 5.69
Annulus Factor	Capacity Factor		
3.31	1.0758		

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

50

BBL to Pit

24

DESCRIPTION OF JOB EVENTS

Safety meeting, Rig up, PSF test, Per cement 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 PSF washup Rig Down

X Brian L. L.
Authorization To Proceed

ORLGA SUPV
Title

X 8-5-13
Date

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INVOICE #
LOCATION
FOREMAN

12397
37-14
Kill

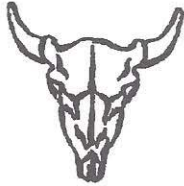
DESCRIPTION OF JOB EVENTS

Notes:

✕

 $\times \frac{1}{2}$

X 8-5-13
Date



Bison Oil Well Cementing, Inc
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Denver, CO 80202
303-296-3010
www.Bisonoilwell.com

Cementing Customer Satisfaction Survey

Service Date 8-5-13 Invoice Number 12397
Invoice Amount _____ Well Permit Number _____
Well Name marcus stae Well Type Gas
Well Location 37-14 Well Number 36-36H
County Weld Lease _____
SEC/TWP/RNG 36-2N-66W Job Type Surface Pipe
State CO Company Name Enron
Supervisor Name Rich KallheFP Customer Representative Dennis / Bell
Customer Phone Number _____

Employee Name

Exposure Hours (Per Employee)

Chris
Ruff

5.25
5.25

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

- _____ 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 -

Customer Representative's Signature

Date

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

8-5-13



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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 Hall FP

Facility Name and Location marcus state 3A-36M Work to be Undertaken Surface Pipe

Nearest Emergency Medical Service Number (Other than 911) 604 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 type="checkbox"/> Falling from Heights
<input checked="" type="checkbox"/> Slips/Trips/Falls
<input 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 checked="" type="checkbox"/> Job Safety Analysis Reviewed (if applicable)
<input type="checkbox"/> NORM or Other Radiation
<input checked="" type="checkbox"/> Overhead work/suspended Loads/Chains/Slings
<input checked="" type="checkbox"/> Trapped Pressure
<input type="checkbox"/> Flammable/Combustible/Explosives
<input checked="" type="checkbox"/> Pinch Points/Moving/Rotating Equipment
<input type="checkbox"/> Waste Handling/Disposal
<input checked="" type="checkbox"/> Excavation Collapse
<input type="checkbox"/> _____ | <input type="checkbox"/> Hazardous Substance
<input type="checkbox"/> Hazardous Atmosphere
<input checked="" 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 checked="" type="checkbox"/> Walk Around Site Assessment
<input type="checkbox"/> _____ |
|---|---|---|

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"/> _____ | 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"/> _____ | Feet
<input type="checkbox"/> Rubber Boots
<input type="checkbox"/> Over Boots
<input type="checkbox"/> Dielectric Boots
<input type="checkbox"/> _____ | 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"/> _____ |
|--|---|--|---|

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> ENSIGN SR
<u>[Signature]</u> ENSIGN	<u>[Signature]</u> ENSIGN
<u>[Signature]</u> ENSIGN	
<u>[Signature]</u> ENSIGN	
<u>[Signature]</u> ENSIGN	

Other Considerations and Field Notes:

M/D TOTCO 2000 SERIES

