

# 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

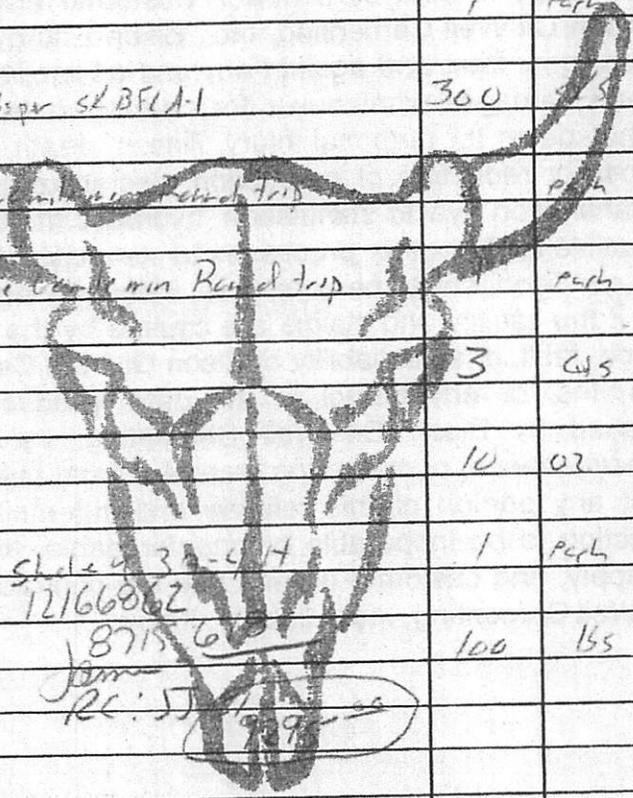


## SERVICE INVOICE

No 11611

WELL NO. AND FARM <i>Shelley 3A-4H</i>	COUNTY <i>weld</i>	STATE <i>CO</i>	DATE <i>9-29-12</i>
CHARGE TO <i>Encana</i>	WELL LOCATION SEC. <i>4</i> TWP. <i>2N</i> RANGE <i>67W</i>		CONTRACTOR <i>Ensign 124</i>
DELIVERED TO <i>26-17</i>		LOCATION <i>1 Shop</i>	CODE
SHIPPED VIA <i>3123-3206</i>		LOCATION <i>2 26-17</i>	CODE
TYPE AND PURPOSE OF JOB <i>Surface Pipe</i>		LOCATION <i>3 Shop</i>	CODE
		WELL TYPE <i>6A3</i>	CODE

PRICE REFERENCE	DESCRIPTION	UNITS		UNIT PRICE	AMOUNT
		QTY.	MEAS.		
	<i>Pump charge</i>	<i>1</i>	<i>Perh</i>	<i>1100<sup>00</sup></i>	<i>1100<sup>00</sup></i>
	<i>BFWIII 3% BFLA 1254 per SL BFLA-1</i>	<i>300</i>	<i>lbs</i>	<i>22<sup>25</sup></i>	<i>6675<sup>00</sup></i>
	<i>mileage Trucks 11<sup>1/2</sup> mile 6 min round trip</i>		<i>Perh</i>	<i>240<sup>00</sup></i>	<i>1180<sup>00</sup></i>
	<i>mileage Pickup 1<sup>1/2</sup> per mile 6 min Round trip</i>		<i>Perh</i>	<i>90<sup>00</sup></i>	<i>90<sup>00</sup></i>
	<i>BCLY-1</i>	<i>3</i>	<i>CS</i>	<i>25<sup>00</sup></i>	<i>75<sup>00</sup></i>
	<i>Dye</i>	<i>10</i>	<i>oz</i>	<i>15<sup>00</sup></i>	<i>150<sup>00</sup></i>
	<i>Data Arc</i>	<i>1</i>	<i>Perh</i>	<i>225<sup>00</sup></i>	<i>225<sup>00</sup></i>
	<i>Sugar</i>	<i>100</i>	<i>lbs</i>	<i>2<sup>00</sup></i>	<i>200<sup>00</sup></i>
		<b>Total Weight</b>	<b>Loaded Miles</b>	<b>Ton Miles</b>	



*Shelley 3A-4H  
 12166862  
 187156  
 Jean  
 RC: JJ  
 9/29/12*

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**

SUB TOTAL  
 TAX  
 TOTAL

*9295*

"TAXES WILL BE ADDED AT CORPORATE OFFICE"

SUBJECT TO CORRECTION

*Jean*  
 Customer or His Agent

*KJF*  
 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.

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REF. INVOICE # 11611  
 LOCATION 26-17  
 FOREMAN Kirk Kallhoff  
Pablo, Mario

## TREATMENT REPORT

DATE	WELL NAME	SECTION	TWP	RGE	COUNTY	FORMATION
9-29-12	shday 3A-411	41	2N	67W	Weld	
CHARGE TO <u>Enranga</u>			OWNER			
MAILING ADDRESS			OPERATOR <u>Enranga</u>			
CITY			CONTRACTOR <u>Ensign 124</u>			
STATE ZIP CODE			DISTANCE TO LOCATION			
TIME ARRIVED ON LOCATION <u>4:00 pm</u>			TIME LEFT LOCATION <u>10:30 pm</u>			

WELL DATA			PRESSURE LIMITATIONS		
HOLE SIZE	TUBING SIZE	PERFORATIONS		THEORETICAL	INSTRUCTED
12 1/4					
TOTAL DEPTH <u>812</u>	TUBING DEPTH	SHOTS/FT	SURFACE PIPE ANNULUS LONG		
<u>812</u>			STRING		
CASING SIZE <u>9 5/8</u>	TUBING WEIGHT	OPEN HOLE	TUBING		
CASING DEPTH <u>832</u>	TUBING CONDITION	TREATMENT VIA	TYPE OF TREATMENT		TREATMENT RATE
CASING WEIGHT <u>9015</u>	PACKER DEPTH		<input checked="" type="checkbox"/> SURFACE PIPE	BREAKDOWN BPM	
CASING CONDITION <u>good</u>			<input type="checkbox"/> PRODUCTION CASING	INITIAL BPM	
			<input type="checkbox"/> SQUEEZE CEMENT	FINAL BPM	
			<input type="checkbox"/> ACID BREAKDOWN	MINIMUM BPM	
			<input type="checkbox"/> ACID STIMULATION	MAXIMUM BPM	
			<input type="checkbox"/> ACID SPOTTING	AVERAGE BPM	
			<input type="checkbox"/> MISC PUMP		
			<input type="checkbox"/> OTHER	HYD HHP = RATE X PRESSURE X 40.8	

PRESSURE SUMMARY		AVERAGE	
BREAKDOWN or CIRCULATING	psi	psi	psi
FINAL DISPLACEMENT	psi	ISIP	psi
ANNULUS	psi	5 MIN SIP	psi
MAXIMUM	psi	15 MIN SIP	psi
MINIMUM	psi		

INSTRUCTIONS PRIOR TO JOB Rig up, set cementing, psi test per cement circ 30 BBls Kcl H<sub>2</sub>O 2nd 100% slurry pump 300  
 SKs cement at 414 % excess at 1.27 yield at 15.2 lb/cr until stopped by cement, Release Plug Disp 59.6  
 BBls H<sub>2</sub>O Pump Plug At 150psi out 1.1 ft psi, wait 5 min Release psi, wash up Rig Down  
 H<sub>2</sub>O test ok  
 67.8 BBls slurry

Arrived w/ boost cement 4 gal Kcl 16oz dye

JOB SUMMARY

DESCRIPTION OF JOB EVENTS set cementing 8:21pm circ 8:50pm cement 8:55pm stop cement 9:12pm

Disp Plug 9:15pm	Displace 9:15pm	
16 BBls At 6 BBls/m	9:17pm	300psi
20 BBls At 6 BBls/m	9:19pm	300psi
30 BBls At 6 BBls/m	9:20pm	400psi
40 BBls At 6 BBls/m	9:22pm	500psi
50 BBls At 6 BBls/m	9:23pm	500psi
59.6 BBls At 1 BBls/m	9:27pm	300psi
Bump Plug	9:27pm	500psi

used 411% excess  
 used 300 SKs cement  
 67.8 BBls slurry

Lft w/ 300 SKs cement 3 gal 1 qt Kcl 16oz dye BBls Back 20

[Signature] AUTHORIZATION TO PROCEED  
Co Man TITLE  
9-29-12 DATE

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 www.Bisonoilwell.com

**Cementing Customer Satisfaction Survey**

Service Date	<u>9-29-12</u>	Invoice Number	<u>11611</u>
Invoice Amount	_____	Well Permit Number	_____
Well Name	<u>Stacy</u>	Well Type	<u>Cas</u>
Well Location	<u>26-17</u>	Well Number	<u>3A-11N</u>
County	<u>weld</u>	Lease	_____
SEC/TWP/RNG	<u>1-2N-67W</u>	Job Type	<u>Surface Pipe</u>
State	<u>CO</u>	Company Name	<u>Enrac</u>
Supervisor Name	<u>Eric Kaliber FP</u>	Customer Representative	<u>Lined</u>
		Customer Phone Number	_____

Employee Name \_\_\_\_\_  
Pablo  
Mario  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Total Exposure Hours \_\_\_\_\_

Exposure Hours (Per Employee)  
6.5  
6.5  
 \_\_\_\_\_  
 \_\_\_\_\_

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 -              | 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

9-29-12  
 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 11611

Date 9-29-17 Time 8:21  AM  PM Meeting Facilitator Kirk Kallhoff  
 Facility Name and Location Sivley 3A-UH Work to be Undertaken Surface Pipe  
 Nearest Emergency Medical Service Number (Other than 911) Lawson

**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 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 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)**

- |   |  |   |   |
|---|--|---|---|
| <b>Eyes/Face</b>                            | <b>Hands</b>                                       | <b>Feet</b>                               | <b>Other</b>  |
| <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> <u>Ensign</u>	<u>[Signature]</u> <u>Ensign</u>
<u>[Signature]</u> <u>Ensign</u>	<u>[Signature]</u> <u>Ensign</u>
<u>[Signature]</u> <u>Ensign</u>	<u>[Signature]</u> <u>Ensign</u>

**Other Considerations and Field Notes:**

**ESSON OIL WELL CEMENTING, INC.**



1730 Highway 61, Sta. 102  
 Denver, Colorado 80202  
 Phone: 303-253-0200  
 Fax: 303-253-9148  
 E-mail: [thom@esson.com](mailto:thom@esson.com)

**PRE-TRIP CEMENT CALL OUT SHEET**

Invoice# 1161 Date/Time 9-29-12 4:00 pm  
 Well Name \_\_\_\_\_ Operator Leonard  
 Customer Esso  
 Location / Rig. 26-17 Esso 124  
 Delivered To \_\_\_\_\_

**PRE-CHECK CALL OUT**

Unit# 4015-3206

CHECK ITEMS	Ball Joint Operator	Initials	Ball Track Driver	Initials	Supervisor	Initials
Dry Sample & Required Cement Connections					/	KR
Type of Cement					BENTON 3%	
# of LBS / Sacks					Fill	
Flot Equipment					Advis	
Beginning Foot					1/2	
Starting Message					/	
Formal Protective Equipment					/	
Driving Directions					/	
Driver Logs					/	
Track Pre-trip Completed					/	

**CEMENT HEAD CHECK LIST**

DATE	HEAD #	THREADS	VALVES	PIN	GENERAL CONDITION/SIGNATURE
9-29-12	11	-	-	-	Good KR

**POST-CHECK RETURN**

CHECK ITEMS	Ball Joint Operator	Initials	Ball Track Driver	Initials	Supervisor	Initials
# of LBS / Sacks					Used 300 Sks	KR
Ending Foot					3/4	KR
Ending Message						

Comments: 1 more Lbs