

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>Shirley 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>Encina 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>Surf Ace Pipe</i>		LOCATION <i>3 Shop</i>	CODE
		WELL TYPE <i>CAS</i>	CODE

PRICE REFERENCE	DESCRIPTION	UNITS		UNIT PRICE	AMOUNT
		QTY.	MEAS.		
	Pump charge	1	Perh	1100 ⁰⁰	1100 ⁰⁰
	BFL III 3% BFLA 1254 per SL BFLA-1	300	FS	22 ²⁵	6675 ⁰⁰
	mileage Trucks 11 ⁵ mile 6 min round trip		Perh	240 ⁰⁰	1180 ⁰⁰
	mileage Pickup 1 ⁵ per mile 6 min Round trip		Perh	90 ⁰⁰	90 ⁰⁰
	BFLy-1	3	WS	25 ⁰⁰	75 ⁰⁰
	Dye	10	oz	15 ⁰⁰	150 ⁰⁰
	Data Arc	1	Perh	225 ⁰⁰	225 ⁰⁰
	Sugar	100	lbs	2 ⁰⁰	200 ⁰⁰
Total Weight			Ton 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"

SUB TOTAL

TAX

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.

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

TREATMENT REPORT

DATE <u>9-24-12</u>	WELL NAME <u>shday 3A-411</u>	SECTION <u>11</u>	TWP <u>2N</u>	RGE <u>67W</u>	COUNTY <u>Weld</u>	FORMATION
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 <u>12 1/4</u>	TUBING SIZE	PERFORATIONS		THEORETICAL	INSTRUCTED
TOTAL DEPTH <u>8412</u>	TUBING DEPTH	SHOTS/FT	SURFACE PIPE ANNULUS LONG		
<u>PID 987</u>	TUBING WEIGHT	OPEN HOLE	STRING		
CASING SIZE <u>9 5/8</u>	TUBING CONDITION		TUBING		
CASING DEPTH <u>832</u>		TREATMENT VIA	TYPE OF TREATMENT		
CASING WEIGHT <u>9015</u>	PACKER DEPTH		TREATMENT RATE		
CASING CONDITION <u>good</u>			[] SURFACE PIPE		
			[] PRODUCTION CASING		
			[] SQUEEZE CEMENT		
			[] ACID BREAKDOWN		
			[] ACID STIMULATION		
			[] ACID SPOTTING		
			[] MISC PUMP		
			[] OTHER		

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

INSTRUCTIONS PRIOR TO JOB Rig up, set flying, psi test Per cement Circ 30 BBls Kcl H2O 2nd 1000 lbs cement Pump 300
SKs cement at 4 1/4 % excess at 1.27 yield at 15.2 lb/cr until stopped By cement, Release Plug Disp 59.6
BBls H2O Pump Plug At 150 psi over 1.1 ft psi, wait 5 min Release psi, wash up Rig Down
176 test ok

Arrived w/ boost cement 4 call Kcl 1607 Dye
67.8 BBls slurry

JOB SUMMARY
DESCRIPTION OF JOB EVENTS Set flying, 8:21 pm circ 8:50 pm cement 8:55 pm stop cement 9:12 pm
Disp Plug 9:15 pm Displace 9:15 pm
16 BBls At 6 BBls/lm 9:17 pm 300 psi
20 BBls At 6 BBls/lm 9:19 pm 300 psi
30 BBls At 6 BBls/lm 9:20 pm 400 psi
40 BBls At 6 BBls/lm 9:22 pm 500 psi
50 BBls At 6 BBls/lm 9:23 pm 500 psi
59.6 BBls At 1 BBls/lm 9:27 pm 300 psi
Bump Plug 9:27 pm 500 psi
450d 4 1/4 % Excess
450d 300 SKs cement
67.8 BBls slurry

Lft w/ 300 SKs cement 3 call 1st Kcl 602 Dye
BBls Bk 20

[Signature] AUTHORIZATION TO PROCEED
Co Man TITLE
9-26-12 DATE

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
1738 Wynkoop St., Ste. 102
Denver, CO 80202
303-296-3010
www.Bisonoilwell.com

Cementing Customer Satisfaction Survey

Service Date 9-29-12
Invoice Amount _____
Well Name Shirley
Well Location 26-M
County Weld
SEC/TWP/RNG 11-2N-67W
State CO
Supervisor Name Eric Kelly, FP

Invoice Number 11611
Well Permit Number _____
Well Type Cns
Well Number 3A-21N
Lease _____
Job Type Surface Pipe
Company Name Enphase
Customer Representative Lineed
Customer Phone Number _____

Employee Name

Exposure Hours (Per Employee)

Pablo
maria

6.5
6.5

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 - | 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

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 9-29-12 Time 8:21 ☐ AM ☒ PM Meeting Facilitator Kirk Kallhauff
Facility Name and Location Shelley 3A-41H Work to be Undertaken Surface Pipe
Nearest Emergency Medical Service Number (Other than 911) Emergency

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 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 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> <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:

BRON OIL WELL CEMENTING, INC.



1738 Highway 81, Ste. 102
 Denver, Colorado 80202
 Phone: 303-283-0700
 Fax: 303-283-9146
 E-mail: bron@broncement.com

PRE-TRIP CEMENT CALL OUT SHEET

Invoice # 11611 Date / Time 9-29-12 4:00 pm
 Well Name _____ Operator Leonard
 Customer Ensign
 Location / Rig 26-17 Ensign 124
 Delivered To _____

PRE-CHECK CALL OUT

Unit # 4015-3206

CHECK ITEMS	Bulk Plant Operator	Initials	Bulk Truck Driver	Initials	Supervisor	Initials
Dry Sample & Required Cement Connections					—	K-12
Type of Cement					BFMTL 340	
# of LBS / Sacks					Full	
Fluid Equipment					Advis	
Beginning Fuel					1/2	
Starting Message						
Permit / Protective Equipment					—	
Driving Directions					—	
Driver Logs					—	
Truck Pre-trip Completed					—	

CEMENT HEAD CHECK LIST

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

POST-CHECK RETURN

CHECK ITEMS	Bulk Plant Operator	Initials	Bulk Truck Driver	Initials	Supervisor	Initials
# of LBS / Sacks					Used 300 Sks	✓
Ending Fuel					3/4	✓
Ending Message						

Comments: 1 more Lbs