



BISON

Bison Oil Well Cementing Inc.
 Suite 102
 Denver, CO 80202
 303-296-3010

Invoice

Date	Invoice #
10/31/2012	11153



Bill To
Nebco Services LLC 14457 Highway 14 Sterling CO 80751

Location	Well Name & No.	Terms	Job Type		
Adams, CO.	Ikey #1	Net 30	Surface		
Item	Description	Qty	U/M	Rate	Amount
Pump surface	PUMP Charge-surface pipe	1		1,400.00	1,400.00T
MILEAGE	Equipment Mileage Charge	88		4.00	352.00T
MILEAGE	Pick-Up Mileage Charge	88		1.50	132.00T
HOURS	Iron Inspection	1		500.00	500.00
	Subtotal of Services				2,384.00
BFN III Summer ...	BFN III Blend	211	Sack	18.75	3,956.25T
Centralizer 8 5/8"	Centralizer 8 5/8"	1		75.85	75.85T
Wood Plug 8 5/8"	Wood Plug 8 5/8"	1		90.20	90.20T
	Subtotal of Materials				4,122.30
					6,506.30

Please Remit Payment To:

Bison Oil Well Cementing, Inc.
 P.O. Box 29671
 Thornton, CO 80229

Subtotal	\$6,506.30
Sales Tax (3.85%)	\$231.24
Total	\$6,737.54
Balance Due	\$6,737.54

Release and Indemnification

Customer acknowledges and assumes the risks associated with oil well drilling, cementing and acidizing, including, without limitation, destabilization, loss of production, contamination, fracturing and loss of well control. Customer agrees to release Bison Oil Well Cementing, Inc., Bison Energy Services, Inc., its agents, employees and assigns, from any and all liability for any and all damages whatsoever to property of any kind owned by, in the possession of, or leased by customer and those persons or entities customer has the ability to bind by contract. Customer also agrees to indemnify and hold harmless Bison Oil Well Cementing, Inc., Bison Energy Services, Inc., its agents, employees and assigns, from and against any and all liability, claims, costs, expenses, attorneys fees and damages whatsoever for claims, costs, expenses, attorneys fees and damages whatsoever for personal injury, illness, death, property damage and loss resulting from: loss or reduction of production, destabilization loss of oil well control, failure of or contamination by acid stimulation, hydraulic fracturing, cementing, pumping services, incompatible fluid or other processes to stimulate, complete or end production, and/or any other condition. Customer's release, indemnity and hold harmless obligation shall apply even if the liability and claims are caused by the sole, concurrent, active or passive negligence, fault, or strict liability of Bison Oil Well Cementing, Inc. and/or Bison Energy Services, Inc. or any defect in the data, products, supplies, materials or equipment furnished by Bison Oil Well Cementing, Inc. whether in the design, manufacturing, maintenance, or marketing thereof or from failure to warn of such defect. In the event that any portion of this release and indemnity is found by a court of competent jurisdiction to be inoperable or unenforceable, the remaining portions and provisions shall apply, and customer agrees that the contract price herein shall be the limit of Bison Oil Well Cementing, Inc.'s liability, if any.

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

REF. INVOICE # 1153
 LOCATION _____
 FOREMAN Tom Hall

TREATMENT REPORT

DATE	WELL NAME	SECTION	TWP	RGE	COUNTY	FORMATION
	<u>Key #1</u>				<u>Adams</u>	

CHARGE TO <u>NEXCO</u>	OWNER
MAILING ADDRESS	OPERATOR
CITY	CONTRACTOR
STATE ZIP CODE	DISTANCE TO LOCATION
TIME ARRIVED ON LOCATION <u>7:30</u>	TIME LEFT LOCATION <u>Req 7:30</u>

WELL DATA			PRESSURE LIMITATIONS		
HOLE SIZE <u>8 1/4</u>	TUBING SIZE	PERFORATIONS		THEORETICAL	INSTRUCTED
TOTAL DEPTH <u>360'</u>	TUBING DEPTH	SHOTS/FT	SURFACE PIPE ANNULUS LONG		
	TUBING WEIGHT	OPEN HOLE	STRING		
CASING SIZE <u>8 5/8</u>	TUBING CONDITION		TUBING		
CASING DEPTH <u>335'</u>		TREATMENT VIA	TYPE OF TREATMENT		TREATMENT RATE
CASING WEIGHT	PACKER DEPTH		<input checked="" type="checkbox"/> SURFACE PIPE	BREAKDOWN BPM	
CASING CONDITION <u>good</u>			<input type="checkbox"/> PRODUCTION CASING	INITIAL BPM	
PRESSURE SUMMARY			<input type="checkbox"/> SQUEEZE CEMENT	FINAL BPM	
BREAKDOWN or CIRCULATING psi	AVERAGE psi		<input type="checkbox"/> ACID BREAKDOWN	MINIMUM BPM	
FINAL DISPLACEMENT psi	ISIP psi		<input type="checkbox"/> ACID STIMULATION	MAXIMUM BPM	
ANNULUS psi	5 MIN SIP psi		<input type="checkbox"/> ACID SPOTTING	AVERAGE BPM	
MAXIMUM psi	15 MIN SIP psi		<input type="checkbox"/> MISC PUMP		
MINIMUM psi			<input type="checkbox"/> OTHER	HYD HHP = RATE X PRESSURE X 40.8	

INSTRUCTIONS PRIOR TO JOB MIRU, Safety mtg, Circ, M&P 211 sks BFN III w/3% CCA, @ 15.0 lb, 1.3' yld, 6.0 gal/sk 30 bbls of mix H₂O, Drop plug, Displace 19 bbls to 300'

JOB SUMMARY

DESCRIPTION OF JOB EVENTS

<u>MIRU</u>	<u>Safety</u>	<u>Circ</u>	<u>M&P</u>	<u>Drop plug</u>	<u>Displace</u>	<u>shut-in</u>
<u>7:30</u>	<u>4:05</u>	<u>4:10</u>	<u>4:14</u>	<u>4:30</u>	<u>4:31 100psi</u>	<u>4:45</u>
					<u>4:33 10 100psi</u>	
					<u>4:41 19 100psi</u>	

3 bbl to pit

J. E. Nault

AUTHORIZATION TO PROCEED

Owner

TITLE

10-21-12

DATE

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 303-296-3010
 www.Bisonoilwell.com

Cementing Customer Satisfaction Survey

Service Date 10/31/12 Invoice Number 11153
 Invoice Amount 6506.30 Well Permit Number _____
 Well Name KEY Well Type D/L
 Well Location Last chance Well Number FE1
 County Adams Lease _____
 SEC/TWP/RNG _____ Job Type SURFACE
 State CO Company Name _____
 Supervisor Name Jon Hull Customer Representative _____
 Customer Phone Number _____

BRAD
Jon

Employee Name Exposure Hours (Per Employee)

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

- 5 Personnel -
- 5 Equipment -
- 5 Job Design -
- 5 Product / Material -
- 5 Health & Safety -
- 5 Environmental -
- 5 Timeliness -
- 5 Condition / Appearance -
- 5 Communication -
- 5 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 -

J. E. Noell
 Customer Representative's Signature

10-31-12
 Date

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



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

B.O.C. Tailgate Safety Meeting Report

INVOICE 1115.3

Date 10/31/12 Time 4:10 AM PM Meeting Facilitator Jon Hull
 Facility Name and Location _____ Work to be Undertaken _____

Nearest Emergency Medical Service Number (Other than 911) _____

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"/> 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 type="checkbox"/> Overhead work/suspended Loads/Chains/Slings | <input 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 type="checkbox"/> Excavation Collapse | <input 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"/> 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>BRAD</u>	<u>[Signature]</u>
<u>Jon</u>	
<u>THOMAS MINER</u>	
<u>NATHAN KNIGHT</u>	
<u>RAMIKA GONZALES</u>	
<u>Eric [Signature]</u>	

Other Considerations and Field Notes: