



Bison Oil Well Cementing Inc.

1738 Wynkoop St.  
Suite 102  
Denver, CO 80202  
303-296-3010

# Invoice

Date	Invoice #
10/6/2010	9186

Bill To
Diversified Operating Corp. 15000 W. 6th Ave. Ste 102 Golden, CO 80401

OCT 14 2010

Location	Well Name & No.	Terms	Rig
Weld, CO	Enderson 31-14	Net 30	

Item	Description	Qty	U/M	Rate	Amount
PUMP	Pump charge			2,000.00	2,000.00
Pump Charge-O...	Depth Charge			1,000.00	1,000.00
MILEAGE	Mileage charge	166.667		3.00	500.00
Data Acquisitio...	Data Acquisition Charge			225.00	225.00
	Subtotal of Services				3,725.00
B3-Lite	50/50 Poz (3%)	250	Sack	16.00	4,000.00
Centralizer-5 1/2'	Centralizer-5 1/2'	10		50.00	500.00
Float Shoe - 5 1/2	Float Shoe - 5 1/2	1		312.50	312.50
LD Plug 5 1/2	Plug 5 1/2 Latch Down	1		282.50	282.50
KCL Mud Flush	(BHS 117)	20	qt	6.25	125.00
	Subtotal of Materials				5,220.00
					8,945.00

Please Remit Invoices To:

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

49224 60570317  
10/10  
9186 ACCT # 49224  
INVOICE # 9186 AMT \$ 8,945.00  
DESCRIPTION

Subtotal	8,945.00
Sales Tax (2.9%)	258.38
Total	9,203.38
Balance Due	9,203.38

**1738 Wynkoop St., Ste. 102  
Denver, Colorado 80202  
Phone: 303-296-3010  
Fax: 303-298-8143  
E-mail: [blsonoil1@qwestoffice.net](mailto:blsonoil1@qwestoffice.net)**



*Ch*

Nº 9186

WELL NO. AND FARM Anderson 31-14	COUNTY Weld	STATE CO.	DATE 10-6-10
CHARGE TO Diversified	WELL LOCATION SEC. 31	TWP. 12N RANGE 59W	CONTRACTOR Ensign #7
	DELIVERED TO Country 111	LOCATION 1 Yuma	CODE
	SHIPPED VIA	LOCATION 2 Grover	CODE
	TYPE AND PURPOSE OF JOB Production Pipe	LOCATION 3 Yuma	CODE
		WELL TYPE Oil	CODE

[illegible]

## TAX REFERENCES

Thank You

SUB TOTAL  
29.96 TAX

**"TAXES WILL BE ADDED AT CORPORATE OFFICE"**

**TOTAL**

**SUBJECT TO CORRECTION**

*[Signature]*  
Blanca M. Lopez, 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 CEMENT G, INC.



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

INVOICE # 9186

LOCATION Proder

FOREMAN Randy Newton

## TREATMENT REPORT

DATE <u>10-6-10</u>	WELL NAME <u>Anderson 31-14</u>	SECTION <u>31</u>	TWP <u>12N</u>	RGE <u>59W</u>	COUNTY <u>Weld</u>	FORMATION
CHANGE TO <u>Diversified</u>		OWNER				
MAILING ADDRESS		OPERATOR				
CITY		CONTRACTOR <u>Ensign #7</u>				
STATE ZIP CODE		DISTANCE TO LOCATION				
TIME ARRIVED ON LOCATION <u>8:00</u>		TIME LEFT LOCATION <u>3:30 PM</u>				

WELL DATA			PRESSURE LIMITATIONS		
HOLE SIZE <u>7 7/8"</u>	TUBING SIZE	PERFORATIONS	THEORETICAL		INSTRUCTED
TOTAL DEPTH <u>20</u>	TUBING DEPTH	SHOTS/FT	SURFACE PIPE ANNULUS LONG		
	TUBING WEIGHT	OPEN HOLE	STRING		
CASING SIZE <u>5 1/2"</u>	TUBING CONDITION	TREATMENT VIA	TUBING		
CASING DEPTH <u>7735</u>	<u>7718</u>		TYPE OF TREATMENT		TREATMENT RATE
CASING WEIGHT <u>15.5</u>	PACKER DEPTH		<input type="checkbox"/> SURFACE PIPE	BREAKDOWN	
CASING CONDITION <u>good</u>			<input checked="" 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 JHT RATE X PRESSURE X 40.8	

INSTRUCTIONS PRIOR TO JOB MTR 4 Sm 10 bbls mud flush 10 bbls freshwater 250 gals  
50/50 p82 w 2% gel 10% NaCl 1/4% FR @ 14.2 lb per gal water by 5:30  
gal flush 33 bbl mix 1.33 yield Drop plug Displace 184 bbls land  
plug 1.5 min

### JOB SUMMARY

DESCRIPTION OF JOB EVENTS MTR 4 Sm Lir M+P Drop plug Displace  
11:30 AM 12:40 12:45 1:00 1:35 1:42

1:45 10 50	2:12 90 200	2:41 170 450
1:49 20 50	2:15 100 200	2:45 180 600
1:53 30 50	2:18 110 200	2:54 184 1500
1:56 40 100	2:22 120 200	
1:59 50 100	2:25 130 200	
2:02 60 150	2:29 140 250	
2:05 70 200	2:31 150 350	
2:08 80 200	2:37 140 450	

Land plug w 1500 psi

[Signature]  
AUTHORIZATION TO PROCEED

[Signature]  
TITLE

10/6/2010  
DATE





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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 9/82

Date 10-6-10 Time 12:40 ☐ AM ☒ PM Meeting Facilitator Rade/Nwotey  
Facility Name and Location Enderson 31-14 Work to be Undertaken Production  
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 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 type="checkbox"/> Overhead work/suspended Loads/Chains/Slings	<input 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 checked="" 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 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)

<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"/> 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>Randy</u>	<u>Delanda</u>
<u>Jon</u>	<u>John</u>
<u>Justin</u>	<u>Alamy</u>
<u>James V. Vukobratovic</u>	<u>Nwotey</u>
<u>Robert Brown</u>	

Other Considerations and Field Notes:



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 10-6-10  
Invoice Amount 2845.00  
Well Name Enchison  
Well Location 6500 ft  
County Weld  
SEC/TWPI/RNG 31-12N-54W  
State CO  
Supervisor Name Randy Munter  
Employee Name \_\_\_\_\_

Invoice Number 9186  
Well Permit Number 05-123-51745-00  
Well Type \_\_\_\_\_  
Well Number 31-14  
Lease \_\_\_\_\_  
Job Type Production  
Company Name BOC  
Customer Representative T. J. Gorman  
Customer Phone Number 303-384-9611  
Exposure Hours (Per Employee) \_\_\_\_\_

Randy  
Munter  
70 hr  
Total Exposure Hours 22 1/2

Exposure Hours (Per Employee)

7 1/2  
7 1/2  
7 1/2

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

- 3 Personnel -
- 1 Equipment -
- 3 Job Design -
- 4 Product / Material -
- 3 Health & Safety -
- NA Environmental -
- 5 Timeliness -
- 4 Condition / Appearance -
- 5 Communication -
- 5 Improvement - Talk

#### 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?

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?

Additional Comments:

Chuck - Problems w/ the cement bulb-truck  
& near disaster w/ mud, it could not pull plug pin

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