



02617634

Bison Oil Well Cementing Inc.

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

# Invoice

Date	Invoice #
10/6/2010	9186

<b>Bill To</b>
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	(BHIS 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

201-094

49226 60570317  
10/12

INVOICE # 9186 ACCT # 49226  
AMT \$ 8,945.00

DESCRIPTION  
*[Signature]*

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



# BISON OIL WELL CEMENT G, INC.



1738 Wynkoop St., Ste. 102  
 Denver, Colorado 80202  
 Phone: 303-296-3010  
 Fax: 303-298-8143  
 E-mail: bisonoil1@qwestoffice.net

INVOICE # 9186

LOCATION Fraser

FOREMAN Randy Newton

## TREATMENT REPORT

DATE	WELL NAME	SECTION	TWP	RGE	COUNTY	FORMATION
10-6-10	Anderson 31-14	31	12N	59W	Weld	

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>7735</u>	TUBING DEPTH	SHOTS/FT	SURFACE PIPE ANNULUS LONG		
CASING SIZE <u>5 1/2"</u>	TUBING WEIGHT	OPEN HOLE	STRING		
CASING DEPTH <u>7735</u>	TUBING CONDITION	TREATMENT VIA	TUBING		
CASING WEIGHT <u>15.5</u>	PACKER DEPTH		TYPE OF TREATMENT		TREATMENT RATE
CASING CONDITION <u>good</u>			<input type="checkbox"/> SURFACE PIPE	BREAKDOWN	
			<input checked="" type="checkbox"/> PRODUCTION CASING	INITIAL BPM	
			<input type="checkbox"/> SOEEZE 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 JIB RATE X PRESSURE X 40.8	

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

INSTRUCTIONS PRIOR TO JOB MTRU 5m 10 bbl mud flush 10 bbls freshwater 250 gals  
50/50 p82 w 2% gel 10% NaCl 1/4% FT @ 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 down

JOB SUMMARY						
DESCRIPTION OF JOB EVENTS	MTRU	5m	Lir	M+P	Drop plug	Displace
	11:30 AM	12:40	12:45	1:00	1:35	1:42

1:45 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 p82

[Signature]  
 AUTHORIZATION TO PROCEED

[Signature]  
 TITLE

10/6/2010  
 DATE



1738 Wynkoop St., Ste. 102  
 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 Randy / Nwotca  
 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"/> _____            | <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>Atlanta</u>
<u>Jon</u>	<u>...</u>
<u>Justin</u>	<u>...</u>
<u>...</u>	<u>...</u>
<u>...</u>	<u>...</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 Enderson  
 Well Location 6000 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 DOE  
 Customer Representative T.J. Corman  
 Customer Phone Number 303-384-9611

Randy  
Munter  
TO  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Exposure Hours (Per Employee)  
7 1/2  
7 1/2  
7 1/2  
 \_\_\_\_\_  
 \_\_\_\_\_

Total Exposure Hours 22 1/2

Did we encounter any problems on this job? Yes / No

**To Be Completed By Customer**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>5 - Superior Performance ( Established new quality / performance standards )</li> <li>4 - Exceeded Expectations ( Provided more than what was required / expected )</li> <li>3 - Met Expectations ( Did what was expected )</li> <li>2 - Below Expectations ( Job problems / failures occurred [ * Recovery made ] )</li> <li>1 - Poor Performance ( Job problems / failures occurred [ * Some recovery made ] )</li> </ul> <p>* Recovery: resolved issue(s) on jobsite in a timely and professional manner</p> | <ul style="list-style-type: none"> <li>Opportunity</li> <li>Best Practices</li> <li>Potential Best Practice</li> <li>Prevention/Improvement</li> </ul> |
|--|--|

**RATING / CATEGORY**

- 3 Personnel -
- 1 Equipment -
- 3 Job Design -
- 4 Product / Material -
- 3 Health & Safety -
- NA Environmental -
- 5 Timeliness -
- 4 Condition / Appearance -
- 5 Communication -
- 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/ NAD, it could not pull plug pin

THE INFORMATION HEREIN IS CORRECT -

Customer Representative's Signature [Signature]

Date 10/6/2010

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