

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

CONFIDENTIAL WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 32959
 Name: Deep Rock Exploration, Inc.
 Address: 1010 Road 62
 City/State/Zip: Goodland, Kansas 67735
 Purchaser: none
 Operator Contact Person: Ross McGuckin
 Phone: (785) 899-7060
 Contractor: Name: Coil Tubing Solutions, Inc.
 License: 33445
 Wellsite Geologist: Curtis Covey
 Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)
 If Workover/Re-entry: Old Well Info as follows:
 Operator: _____
 Well Name: _____
 Original Comp. Date: _____ Original Total Depth: _____
 Deepening Re-perf. Conv. to Enhr./SWD
 Plug Back _____ Plug Back Total Depth _____
 Commingled _____ Docket No. _____
 Dual Completion _____ Docket No. _____
 Other (SWD or Enhr.?) _____ Docket No. _____
12-4-04 12-4-04 12-8-04
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

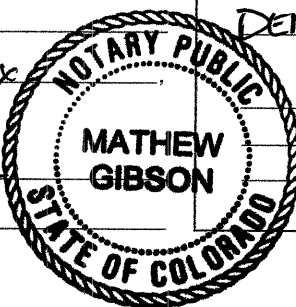
API No. 15 - 181-20365-00-00
 County: Sherman
 SE SE SE NE Sec. 3 Twp. 9S S. R. 41 East West
1808' NFL feet from S / N (circle one) Line of Section
1710' WFL feet from E / W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: SQI Farms Well #: 1
 Field Name: n/a
 Producing Formation: not completed yet/ TD Dakota
 Elevation: Ground: 3773 Kelly Bushing: 3785
 Total Depth: 2410 Plug Back Total Depth: 2410
 Amount of Surface Pipe Set and Cemented at 391 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from bottom hole
 feet depth to surface w/ 310 sx cmt.
ALT I WITH 12-22-06

Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)
 Chloride content _____ ppm Fluid volume _____ bbls
 Dewatering method used air dry
 Location of fluid disposal if hauled offsite:
 Operator Name: Coil Tubing Solution
 Lease Name: SQI Farms 1# License No.: 33445
 Quarter _____ Sec. 3 Twp. 9S S. R. 41 East West
 County: Sherman Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: [Signature]
 Title: Executive assistant Date: 5/10/05
 Subscribed and sworn to before me this 10 day of May
 20 05
 Notary Public: [Signature]
 Date Commission Expires: 08-09-08



KCC Office Use ONLY
 Letter of Confidentiality Received
 If Denied, Yes Date: 12-22-06
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

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 KCC WICHITA X

My Commission Expires 08-09-2008

CONFIDENTIAL

Side Two

ORIGINAL

Operator Name: Deep Rock Exploration, Inc. Lease Name: SQI Farms Well #: 1
Sec. 3 Twp. 9S S. R. 41 East West County: Sherman

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken (Attach Additional Sheets)
Samples Sent to Geological Survey
Cores Taken
Electric Log Run (Submit Copy)
List All E. Logs Run:

Log Formation (Top), Depth and Datum
Name Top Datum

dual induction/ dual comp. porosity., sonic bond log

CASING RECORD table with columns: Purpose of String, Size Hole Drilled, Size Casing Set (In O.D.), Weight Lbs./ Ft., Setting Depth, Type of Cement, # Sacks Used, Type and Percent Additives. Rows include SURFACE and PRODUCTION/CASING.

ADDITIONAL CEMENTING / SQUEEZE RECORD table with columns: Purpose, Depth Top Bottom, Type of Cement, #Sacks Used, Type and Percent Additives.

PERFORATION RECORD - Bridge Plugs Set/Type table with columns: Shots Per Foot, PERFORATION RECORD - Bridge Plugs Set/Type, Acid, Fracture, Shot, Cement Squeeze Record, Depth.

TUBING RECORD table with columns: Size, Set At, Packer At, Liner Run, Date of First, Resumerd Production, SWD or Enhr., Producing Method, Estimated Production Per 24 Hours, Oil Bbls., Gas Mcf, Water Bbls., Gas-Oil Ratio, Gravity.

Disposition of Gas METHOD OF COMPLETION Production Interval
Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
Other (Specify) not completed yet

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CONFIDENTIAL

LOG-TECH, INC.

INVOICE ORIGINAL

JUN 13 2005

1011 240th Ave.

HAYS, KANSAS 67601

13903

(785) 625-3858

KCC WICHITA

Date 12-7-04

CHARGE TO: Deep Rock Exploration, Inc.

ADDRESS _____

R/A SOURCE NO. _____ CUSTOMER ORDER NO. Verbal NW

LEASE AND WELL NO. B. G. I Farms Inc. #1 FIELD Wildcat

NEAREST TOWN Goodland COUNTY Sherman STATE KS

SPOT LOCATION NE NE NE SEC. 3 TWP. 9S RANGE 41W

ZERO 12' AGL CASING SIZE 7" @ 350' WEIGHT 20#

CUSTOMER'S T.D. 2400 LOG TECH 2410 FLUID LEVEL Full

ENGINEER C McLaughlin OPERATOR M Kraus

PERFORATING				
Description	No. Shots	From	Depth To	Amount

DEPTH AND OPERATIONS CHARGES					
Description	From	Depth To	Total No. Ft.	Price Per Ft.	Amount
<u>Dual Induction</u>	<u>0</u>	<u>2410</u>	<u>min.</u>	<u>.28</u>	<u>840 00</u>
<u>Logging Charge</u>	<u>2410</u>	<u>300</u>	<u>min.</u>	<u>.27</u>	<u>810 00</u>
<u>Dual Compensated Porosity</u>	<u>0</u>	<u>2410</u>	<u>min.</u>	<u>.49</u>	<u>1470 00</u>
<u>Logging Charge</u>	<u>2410</u>	<u>800</u>		<u>.45</u>	<u>724 50</u>

Paid CK # 1056

MISCELLANEOUS		
Description	Quantity	Amount
<u>Service Charge</u>		<u>950 00</u>
<u>T.J.</u>		
<u>A.O.L. 8:30 pm</u>		
<u>S.J. 9:00 pm</u>		
<u>F.J. 11:30 pm</u> T.W.T.		

PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT

RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH WE HEREBY AGREE.

IF PAID WITHIN 30 DAYS	<u>4794 50</u>
PAY DISCOUNT AMOUNT	<u>4000 00</u>
<u>Bid Price</u>	

Customer Signature [Signature] Date 12/7/04

GENERAL TERMS AND CONDITIONS

In consideration of the prices hereinafter set out, it is understood that the following services offered by us are to be performed only under the following terms and conditions.

1. Terms for payment are net 30 days. Interest at the rate of 1.5% per month, 18% per annum, will be charged on accounts over 45 days old.
 2. All prices are exclusive of any Federal, State, or Special Taxes imposed on the sale or use of the merchandise and services listed, which taxes will be added to quoted prices where applicable.
 3. A reasonable attempt will be made by us to get from the highway to the location and back again under our own power. If tractors or other types of equipment or services are required to give us access to or return from the well location, same will be provided by the Customer at his expense.
 4. We endeavor to design and maintain our equipment to safely service properly drilled and conditioned wells. We carry public liability and property damage insurance. As there are so many conditions in and around wells which are uncertain and unknown and not subject to our control, we can neither guarantee the results nor be liable for injuries to property or persons nor for loss or damage arising from the performance of any of our services or resulting therefrom.
 5. In the event any of our instruments or equipment is lost in the well, Customer shall either recover same without cost to us, or pay for such instruments or equipment. In case it is necessary for Customer to "fish" for any of our instruments or equipment, Customer assumes the entire responsibility for such operation, but we will, if so desired by Customer, without any responsibility or liability on our part, render assistance in an advisory capacity for the recovery of such equipment and instruments. None of our employees is authorized to do anything other than advise and consult with Customer in connection with such "fishing" operations, and any "fishing" tools furnished by us are furnished solely as an accommodation to Customer, and we shall not be liable or responsible for any damage that Customer may incur or sustain through their use or by reason of any advice or assistance rendered to Customer by our agents or employees, irrespective of cause.
 6. The customer must make every reasonable effort to recover tools or instruments in order for this protection to apply. A reasonable fishing effort is at least three complete attempts to recover cable after a depth reached corresponds to the depth of Log Tech cable head. If the customer is unable to make fishing effort due to any cause beyond the control of Log Tech, the tool or instrument protection charge shall include the cable head and all equipment below the cable head. Under certain hazardous hole conditions, tool, or instrument, protection service is not authorized.
 7. In accepting an order to perform or attempt to perform any service involving the use of radioactive material, we do so with the understanding that: we do not guarantee results, and shall not be liable or responsible for injury to or death of persons or damage to property (including, but not limited to injury to the well), or any damages whatsoever, irrespective of the cause, growing out of or in any way connected with our use of radioactive material in the well bore, and Customer shall absolve and hold us harmless against all liability for any loss costs, damages, and expenses incurred or sustained by Customer or any third party, irrespective of the cause, resulting from any such use of radioactive material in the well bore.
 8. Customer acknowledges that he is aware of the fact that: the radioactive source used in neutron logging is potentially dangerous to humans and animals; should the neutron source be lost in the well bore that special precautions must be taken in "fishing" in order that the container of the neutron source is not broken or damaged; the neutron source, if not recovered, must be isolated by cementing it in place or by some other appropriate means that is in agreement with the policy of the Atomic Energy Commission pertaining to the situation.
 9. In making any interpretation of logs our employees will give Customer the benefit of their best judgment as to the correct interpretation. Nevertheless, since all interpretations are opinions based on inferences for electrical or other measurements, we cannot, and do not, guarantee the accuracy of correctness of any interpretation, and we shall not be liable or responsible for any loss, cost, damages or expenses incurred or sustained by Customer resulting from any interpretation made by any of our officers, agents, or employees.
 10. Information derived by us in rendering our services will be held in strict confidence and will be released only upon written approval of the Customer.
 11. The Customer will have the responsible representative present to issue orders relative to the service or services to be performed.
 12. Prices subject to change without notice.
-

BISON OIL WELL CEMENTING, INC.

P.O. Box 2223
 Gillette, WY 82717-2223
 Phone: 307-682-9044

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JUN 13 2005

KCC WICHITA

ORIGINAL
 SERVICE INVOICE

3309

WELL NO. AND FARM <i>SQT#1</i>		COUNTY <i>Sherman</i>	STATE <i>KS</i>	DATE <i>12-8-04</i>
CHARGE TO <i>Deep Rock</i>		WELL LOCATION SEC. TWP. RANGE		CONTRACTOR <i>CTS</i>
		DELIVERED TO <i>Loc</i>		LOCATION 1 <i>Wray</i> CODE
		SHIPPED VIA <i>#3101</i> <i>#0204</i>		LOCATION 2 <i>CR-11</i> CODE
		TYPE AND PURPOSE OF JOB <i>L-9</i>		LOCATION 3 <i>Wray</i> CODE
				WELL TYPE <i>O.1</i> CODE

PRICE REFERENCE	DESCRIPTION	UNITS		UNIT PRICE	AMOUNT
		QTY.	MEAS.		
	<i>Pump Charge</i>	<i>1</i>	<i>e</i>		
	<i>En-gol #12</i>	<i>160</i>	<i>SK</i>		
	<i>12' BBE-1</i>				
	<i>2' BBE-1</i>				
	<i>25' BFLM</i>				
	<i>BFN-III</i>	<i>35</i>	<i>SK</i>		<i>49.25</i> ⁰⁰
	<i>4 1/2" Float shoe</i>	<i>1</i>	<i>e</i>		<i>267</i> ⁰⁰
	<i>4 1/2" Latch-Plug</i>	<i>1</i>	<i>e</i>		<i>226</i> ⁰⁰
	<i>4 1/2" Cent</i>	<i>2</i>	<i>e</i>	<i>25.00</i>	<i>50</i> ⁰⁰
	<i>Stand by Time</i>	<i>3</i>	<i>hr</i>	<i>200.00</i>	<i>600</i> ⁰⁰
	<i>Bulk Delivery</i>	<i>90</i>	<i>mi</i>		<i>480</i> ⁰⁰
		Total Weight	Loaded Miles	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%.

Thanks

TAX REFERENCES

SUB TOTAL	<i>6548</i> ⁰⁰
7.3% TAX	<i>478</i> ⁰⁰
6.55%	<i>438</i> ⁸⁹
TOTAL	<i>7026</i> ⁰⁰

6976.89
 SUBJECT TO CORRECTION

[Signature]
 Customer or His Agent

[Signature]
 Bison Oil Well Cementing, Inc. Representative

BISON OIL WELL CEMENTING, INC.

P.O. Box 2223 • Gillette, WY 82717-2223
 Phone: 307-682-9044
 Fax: 307-682-9056
 E-mail: bisonoil@vcn.com



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3309
 LOCATION CRU
 FOREMAN Chad Reynolds

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TREATMENT REPORT

DATE 12-8-04	CUSTOMER ACCT #	WELL NAME SQT#1	QTR/QTR	SECTION	TWP	RGE	COUNTY Sherman	FORMATION
CHARGE TO Deep Rock				OWNER				
MAILING ADDRESS				OPERATOR				
CITY				CONTRACTOR CTS				
STATE				DISTANCE TO LOCATION				
TIME ARRIVED ON LOCATION 01:00				TIME LEFT LOCATION 06:50				

WELL DATA	
HOLE SIZE 6 1/2"	
TOTAL DEPTH 2410'	
CASING SIZE 4 1/2"	
CASING DEPTH 2389'	
CASING WEIGHT 10.5**	
CASING CONDITION Good	
TUBING SIZE	
TUBING DEPTH	
TUBING WEIGHT	
TUBING CONDITION	
PACKER DEPTH	
PERFORATIONS	
SHOTS/FT	
OPEN HOLE	
TREATMENT VIA Carry	

TYPE OF TREATMENT	
<input type="checkbox"/> SURFACE PIPE	<input type="checkbox"/> ACID BREAKDOWN
<input checked="" type="checkbox"/> PRODUCTION CASING	<input type="checkbox"/> ACID STIMULATION
<input type="checkbox"/> SQUEEZE CEMENT	<input type="checkbox"/> ACID SPOTTING
<input type="checkbox"/> PLUG & ABANDON	<input type="checkbox"/> FRAC
<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> FRAC + NITROGEN
<input type="checkbox"/> MISC PUMP	<input type="checkbox"/> FOAM FRAC
<input type="checkbox"/> OTHER	<input type="checkbox"/> NITROGEN

PRESSURE LIMITATIONS		
	THEORETICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

INSTRUCTIONS PRIOR TO JOB

JOB SUMMARY

DESCRIPTION OF JOB EVENTS **04:00 MTRV, 05:20 OSSM, 05:46 Circ 700's H₂O**
05:50 MIP 1609 lbs @ 12.416 gal - 3.51 gal/gal - 2.35 Yield - 66.9 bars of slurry - 35 sk Tail
@ 15.16 gal - 1.18 Yield - 5 gal/gal - 7.300 lbs of slurry
06:10 Prop plug, 06:15 Disp 37.9 mms + 60
06:30 Bump plug, 06:33 Release psi - Float & shoe held, 06:40 RDMO.
Lost Circ with 1800's Away

PRESSURE SUMMARY	
BREAKDOWN or CIRCULATING	psi 200
FINAL DISPLACEMENT	R 1,700 psi 300
ANNULUS	psi
MAXIMUM	M.Y psi 400
MINIMUM	psi
AVERAGE	Disp psi 400
ISIP	10- psi 500
5 MIN SIP	20- psi 300
15 MIN SIP	psi

TREATMENT RATE	
BREAKDOWN BPM	
INITIAL BPM	2
FINAL BPM	4
MINIMUM BPM	1 1/2
MAXIMUM BPM	2 1/4
AVERAGE BPM	3
HYD HHP = RATE X PRESSURE X 40.8	

AUTHORIZATION TO PROCEED

[Signature] TITLE **PRESIDENT**

DATE **12/8/04**

CONFIDENTIAL

B.O.C. Tailgate Safety Meeting Report

ORIGINAL



P.O. Box 2223
Gillette, WY 82717-2223

INVOICE 3309

Date 12-8-04 Time 05:20 AM PM Meeting Facilitator Chad Reynolds
Facility Name and Location SRT-4 Work to be Undertaken L-5
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 Toes 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 checked="" 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 checked="" type="checkbox"/> Extreme Heat/Cold | <input checked="" type="checkbox"/> Trapped Pressure | <input type="checkbox"/> Noise Levels |
| <input checked="" type="checkbox"/> Electrical Current | <input checked="" type="checkbox"/> Flammable/Combustible/Explosives | <input type="checkbox"/> Sharp Edges |
| <input checked="" type="checkbox"/> Overexertion/Heavy Lifting | <input checked="" type="checkbox"/> Pinch Points/Moving/Rotating Equipment | <input checked="" type="checkbox"/> Insects/Snakes/etc. |
| <input checked="" type="checkbox"/> Spills/Releases | <input checked="" 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 checked="" 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>[Signature]</u>
<u>[Signature]</u>	<u>[Signature]</u>
<u>[Signature]</u>	<u>[Signature]</u>
<u>[Signature]</u>	<u>[Signature]</u>

Other Considerations and Field Notes:

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BISON OIL WELL CEMENTING, INC.

P.O. Box 2223
 Gillette, WY 82717-2223
 Phone: 307-682-9044

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JUN 13 2005

KCC WICHITA

SERVICE INVOICE

3303
ORIGINAL

WELL NO. AND FARM <i>SQI Farms #2</i>		COUNTY <i>Sherman</i>	STATE <i>KS</i>	DATE <i>12-04-04</i>
CHARGE TO <i>Deep Rock Exp.</i>		WELL LOCATION SEC. TWP. RANGE		CONTRACTOR <i>CTI</i>
1010 <i>RD 62</i>		DELIVERED TO <i>Loc</i>		LOCATION 1 <i>Wray</i>
<i>Goodland, KS</i>		SHIPPED VIA <i># 3101</i> <i># 4004</i>		LOCATION 2 <i>CR-11</i>
		TYPE AND PURPOSE OF JOB <i>L-S</i>		LOCATION 3 <i>Wray</i>
				WELL TYPE <i>Gas</i>
				CODE

PRICE REFERENCE	DESCRIPTION	UNITS		UNIT PRICE	AMOUNT
		QTY.	MEAS.		
<i>Lead</i>	<i>Pump Charge</i>	<i>1</i>	<i>e</i>		
	<i>Engel #12</i>				
	<i>12x-BBB-1</i>				
	<i>2x-BCC-1</i>	<i>161</i>	<i>161</i> <i>161</i>		
<i>Tail</i>	<i>DFN-13</i>				
	<i>2x-BCC-1</i>	<i>35</i>	<i>35</i> <i>35</i>		
	<i>4 1/2" Float shoe</i>	<i>1</i>	<i>e</i>		<i>267⁰⁰</i>
	<i>4 1/2" Latch-Plus</i>	<i>1</i>	<i>e</i>		<i>226⁰⁰</i>
	<i>Bulk Delivery</i>	<i>83</i>	<i>mi</i>		<i>498⁰⁰</i>
		Total Weight	Loaded Miles	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

Thanks

6.55 7.3% TAX

SUB TOTAL	<i>5438⁰⁰</i>
TAX	<i>396⁹⁷</i>
TOTAL	<i>5834⁹⁷</i>
	<i>579419</i>

SUBJECT TO CORRECTION

[Signature]
 Customer or His Agent

[Signature]
 Bison Oil Well Cementing, Inc. Representative

BISON OIL WELL CEMENTING, INC.

P.O. Box 2223 • Gillette, WY 82717-2223

Phone: 307-682-9044

Fax: 307-682-9056

E-mail: bisonoil@vcn.com



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JUN 13 2005

KCC WICHITA

ORIGINAL

3303

LOCATION CR11
FOREMAN Chad Reynolds

TREATMENT REPORT

CONFIDENTIAL

DATE <u>12-4-04</u>	CUSTOMER ACCT #	WELL NAME <u>SQI Farms #2</u>	QTR/QTR	SECTION	TWP	RGE	COUNTY <u>Sherman</u>	FORMATION
CHARGE TO <u>Deep Root Exp.</u>				OWNER				
MAILING ADDRESS				OPERATOR				
CITY				CONTRACTOR <u>CTI</u>				
STATE				DISTANCE TO LOCATION				
TIME ARRIVED ON LOCATION <u>01:00</u>				TIME LEFT LOCATION <u>06:00</u>				

HOLE SIZE <u>6 1/2"</u>
TOTAL DEPTH <u>2425'</u>
CASING SIZE <u>4 1/2"</u>
CASING DEPTH <u>2421'</u> PB-2417
CASING WEIGHT <u>10.5 #/ft</u>
CASING CONDITION <u>Good</u>
TUBING SIZE
TUBING DEPTH
TUBING WEIGHT
TUBING CONDITION
PACKER DEPTH
PERFORATIONS
SHOTS/FT
OPEN HOLE
TREATMENT VIA <u>Coring</u>

TYPE OF TREATMENT	
<input type="checkbox"/> SURFACE PIPE	<input type="checkbox"/> ACID BREAKDOWN
<input checked="" type="checkbox"/> PRODUCTION CASING	<input type="checkbox"/> ACID STIMULATION
<input type="checkbox"/> SQUEEZE CEMENT	<input type="checkbox"/> ACID SPOTTING
<input type="checkbox"/> PLUG & ABANDON	<input type="checkbox"/> FRAC
<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> FRAC + NITROGEN
<input type="checkbox"/> MISC PUMP	<input type="checkbox"/> FOAM FRAC
<input type="checkbox"/> OTHER	<input type="checkbox"/> NITROGEN

PRESSURE LIMITATIONS		
	THEORETICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

INSTRUCTIONS PRIOR TO JOB

JOB SUMMARY

DESCRIPTION OF JOB EVENTS 04:10 MIRV 04:30 OSSM 04:37 Pressure Test 04:40 Circ
10 bbls KCL-water - 20 bbls SAP - 10 bbls surfactant 04:48 MIP 161 sk @ 12.4 lb/bal - 2.35 Yr. tot
13.51 bal/sk - 67.3 bbls of slurry - 35 sk Tail @ 15.16 bal - 1.18 Yr. tot - 56 gal/sk - 7.30 bbls of slurry
05:08 Prop plug, 05:15 Disp 38.4 bbls KCL-water / Lost cir @ 12 bbls to go, 05:27 Bump plug
05:30 Release psi - Float? shbe held, 05:40 RDMD.

PRESSURE SUMMARY	
BREAKDOWN or CIRCULATING	psi <u>800</u>
FINAL DISPLACEMENT	psi <u>1600</u>
ANNULUS	psi
MAXIMUM	psi <u>450</u>
MINIMUM	psi
AVERAGE	psi <u>550</u>
ISIP	psi <u>650</u>
5 MIN SIP	psi <u>700</u>
15 MIN SIP	psi

TREATMENT RATE		
BREAKDOWN BPM	<u>MIF</u>	<u>Disp</u>
INITIAL BPM	<u>2</u>	<u>2 1/2 - 2</u>
FINAL BPM	<u>4 1/2</u>	<u>1 1/2</u>
MINIMUM BPM	<u>1 1/2</u>	<u>4 1/2</u>
MAXIMUM BPM	<u>4 1/2</u>	<u>3</u>
AVERAGE BPM	<u>4 1/2</u>	

AUTHORIZATION TO PROCEED

[Signature]

TITLE

DATE

CONFIDENTIAL

ORIGINAL



P.O. Box 2223
Gillette, WY 82717-2223

B.O.C. Tailgate Safety Meeting Report

INVOICE 3303

Date 12-5-09 Time 04:30 AM PM Meeting Facilitator Chad Reynolds
Facility Name and Location SQT Farms #2 Work to be Undertaken L-9
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 checked="" type="checkbox"/> Job Safety Analysis Reviewed (if applicable) | <input checked="" type="checkbox"/> Hazardous Substance |
| <input checked="" type="checkbox"/> Falling from Heights | <input checked="" type="checkbox"/> NORM or Other Radiation | <input checked="" 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 checked="" type="checkbox"/> Extreme Heat/Cold | <input checked="" type="checkbox"/> Trapped Pressure | <input checked="" type="checkbox"/> Noise Levels |
| <input checked="" type="checkbox"/> Electrical Current | <input checked="" type="checkbox"/> Flammable/Combustible/Explosives | <input checked="" type="checkbox"/> Sharp Edges |
| <input checked="" type="checkbox"/> Overexertion/Heavy Lifting | <input checked="" type="checkbox"/> Pinch Points/Moving/Rotating Equipment | <input checked="" type="checkbox"/> Insects/Snakes/etc. |
| <input checked="" type="checkbox"/> Spills/Releases | <input checked="" type="checkbox"/> Waste Handling/Disposal | <input checked="" type="checkbox"/> MSDS's Reviewed |
| <input checked="" type="checkbox"/> Flying Particles | <input checked="" type="checkbox"/> Excavation/Collapse | <input checked="" type="checkbox"/> Walk Around Site Assessment |
| <input checked="" 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 checked="" type="checkbox"/> Tinted Lenses | <input checked="" type="checkbox"/> Chemical Resistant Gloves | <input checked="" type="checkbox"/> Rubber Boots | <input checked="" type="checkbox"/> Air Purifying Respirator |
| <input checked="" type="checkbox"/> Goggles | <input checked="" type="checkbox"/> Heat Resistant Gloves | <input checked="" type="checkbox"/> Over Boots | <input checked="" type="checkbox"/> Supplied Air Respirator |
| <input checked="" type="checkbox"/> Faceshield | <input checked="" type="checkbox"/> Cotton or Leather Gloves | <input checked="" type="checkbox"/> Dielectric Boots | <input checked="" type="checkbox"/> Personal H2S Monitor (if in sour area) |
| <input checked="" type="checkbox"/> Hearing Protection | <input checked="" type="checkbox"/> Dielectric Gloves | <input type="checkbox"/> _____ | <input checked="" type="checkbox"/> Chemical Resistant Clothing |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | | <input checked="" 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>Chad Reynolds</u> <u>MANU/ING</u>	<u>Dennis A. W. Landman</u> <u>ETS</u>
<u>Kevin J. ...</u> <u>ETS</u>	<u>Steve Hancock</u>
<u>Steve Hancock</u>	<u>Red Williams</u>

Other Considerations and Field Notes:

RECEIVED
JUN 13 2009
KCC WICHITA