



# BISON

Bison Oil Well Cementing Inc.  
1738 Wynkoop St.  
Suite 102  
Denver, CO 80202  
303-296-3010

## Invoice

Date	Invoice #
11/14/2010	9513

Bill To
Noble Energy Inc. Attn: Accounting 1625 Broadway Ste 2000 Denver, CO 80202

Location	Well Name & No.	Terms	Rig
Weld, CO	Schneider USX 1131-12PD	Net 30	

Item	Description	Qty	U/M	Rate	Amount
PUMP	Pump charge	1		1,400.00	1,400.00
Discount - service	Discount - service	1		-210.00	-210.00
MILEAGE	Mileage charge	360		1.50	540.00
Discount - service	Discount - service	1		-81.00	-81.00
Data Acquisitio...	Data Acquisition Charge	1		225.00	225.00
Discount - service	Discount - service	1		-33.75	-33.75T
	Subtotal of Services				1,840.25
BFN III	BFN III Blend	329	Sack	18.00	5,922.00T
Discount - service	Discount - service	1		-888.30	-888.30T
KCL Mud Flush	(BHS 117)	5	qt	7.50	37.50T
Discount - service	Discount - service	1		-4.71	-4.71T
Dye - 4880	Dye (Hot Pink 4880)	10	oz	15.00	150.00T
Discount - service	Discount - service	1		-22.46	-22.46T
	Subtotal of Materials				5,194.03
					7,034.28

Please Remit Invoices To:

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

<b>Subtotal</b>	\$7,034.28
<b>Sales Tax (2.9%)</b>	\$149.65
<b>Total</b>	\$7,183.93
<b>Balance Due</b>	\$7,183.93

# 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



*[Handwritten signature]*

## SERVICE INVOICE

**Nº 9513**

WELL NO. AND FARM <b>Schneider USX 1131-12PD</b>		COUNTY <b>weld</b>	STATE <b>CO</b>	DATE <b>11-14-10</b>
CHARGE TO <b>Noble</b>		WELL LOCATION SEC. <b>31</b> TWP. <b>7N</b> RANGE <b>66W</b>		CONTRACTOR <b>Ensign 55</b>
DELIVERED TO <b>cr 74-25</b>			LOCATION <b>1 Shop</b>	CODE
SHIPPED VIA <b>3102-3204</b>			LOCATION <b>2 cr 74-25</b>	CODE
TYPE AND PURPOSE OF JOB <b>Surface Pipe</b>			LOCATION <b>3 Shop</b>	CODE
			WELL TYPE <b>6AS</b>	CODE

PRICE REFERENCE	DESCRIPTION	UNITS		UNIT PRICE	AMOUNT	
		QTY.	MEAS.			
	Pump charge	1	each	1400 <sup>00</sup>	1400	00
	BFL III 390 BCLT-1 .25% BFLT-1	329	SKS	18 <sup>00</sup>	5922	00
	BCLT-1	5	cts	7 <sup>50</sup>	37	50
	Dye	10	oz	15 <sup>00</sup>	150	00
	mileage <sup>1.50</sup> per mile 60 mile min Round trip	3	each	180 <sup>00</sup>	540	00
	Data Acc	1	each	225 <sup>00</sup>	225	00
<div style="border: 1px solid red; padding: 5px; width: fit-content;"> <p>DRILLING</p> <p>WELL NO. <b>Ensign 55</b></p> <p>WELL NAME <b>Schneider 113142</b></p> <p>PROJECT NO. <b>1251035</b></p> <p>TASK (DRILL COMP WIND PUMP) <b>DRUG</b></p> <p>ACTG CODE <b>1.1-0017</b></p> <p>DOLLAR TOTAL REMOVED <b>2274.50</b></p> <p>1ST LEVEL APPROVAL <b>11-14-10</b></p> <p>2ND LEVEL APPROVAL <b>DATE</b></p> <p>MAIL TO: NOBLE ENERGY INC 1024 BROADWAY SUITE 2000 DENVER, CO 80202</p> <p>NO INVOICE WILL BE PAID UNLESS ATTACHED SIGNED FIELD TICKETS</p> </div>						
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

SUB TOTAL

**8274 50**

TAX

"TAXES WILL BE ADDED AT CORPORATE OFFICE"

TOTAL

SUBJECT TO CORRECTION

*[Handwritten signature]*  
Customer or His Agent

*[Handwritten signature]*  
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.



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 11-14-10 Invoice Number 9513  
Invoice Amount \_\_\_\_\_ Well Permit Number \_\_\_\_\_  
Well Name Schneider 4SX Well Type GCS  
Well Location CR 74-25 Well Number 1131-12PD  
County Weld Lease \_\_\_\_\_  
SEC/TWP/RNG 31 7N 66W Job Type Surface Pipe  
State CO Company Name Waste  
Supervisor Name Lirk Kallher Jr Customer Representative Mike Sifton  
Customer Phone Number \_\_\_\_\_  
Employee Name \_\_\_\_\_ Exposure Hours (Per Employee) 5  
Mike R 5  
Guy A \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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

#### CUSTOMER SATISFACTION RATING

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Personnel -              | Did our personnel perform to your satisfaction ?   |
| <input checked="" type="checkbox"/> Equipment -              | Did our equipment perform to your satisfaction ?   |
| <input checked="" type="checkbox"/> Job Design -             | Did we perform the job to the agreed upon design ?   |
| <input checked="" type="checkbox"/> Product / Material -     | Did our products and materials perform as you expected ?   |
| <input checked="" type="checkbox"/> Health & Safety -        | Did we perform in a safe and careful manner ( Pre / post mtgs, PPE, TSMR, etc.. ) ?                |
| <input checked="" type="checkbox"/> Environmental -          | Did we perform in an environmentally sound manner ( Spills, leaks, cleanup, etc.. ) ?              |
| <input checked="" type="checkbox"/> Timeliness -             | Was job performed as scheduled (On time to site, accessible to customer, completed when expected)? |
| <input checked="" type="checkbox"/> Condition / Appearance - | Did the equipment condition and appearance meet your expectation?                                  |
| <input checked="" type="checkbox"/> Communication -          | How well did our personnel communicate during mobilization, rig up, and job execution?             |
| <input checked="" type="checkbox"/> 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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REF. INVOICE # 9513

LOCATION CR 74-25

FOREMAN Kirk Kallhoff  
mike R Bayt

## TREATMENT REPORT

DATE	WELL NAME	SECTION	TWP	RGE	COUNTY	FORMATION
11-14-10	Schneider USR 1131-12 PD	31	7N	66W	weld	

CHARGE TO <u>Noble</u>	OWNER
MAILING ADDRESS	OPERATOR <u>Noble</u>
CITY	CONTRACTOR <u>Ensign 55</u>
STATE ZIP CODE	DISTANCE TO LOCATION
TIME ARRIVED ON LOCATION <u>11:00am</u>	TIME LEFT LOCATION <u>4:00pm</u>

WELL DATA			PRESSURE LIMITATIONS		
HOLE SIZE	TUBING SIZE	PERFORATIONS	THEORETICAL		INSTRUCTED
12 1/4					
TOTAL DEPTH <u>885</u>	TUBING DEPTH	SHOTS/FT	SURFACE PIPE ANNULUS LONG		
<u>PBD 833.69</u>	TUBING WEIGHT	OPEN HOLE	STRING		
CASING SIZE <u>8 9/8</u>	TUBING CONDITION		TUBING		

TREATMENT VIA			TYPE OF TREATMENT		TREATMENT RATE	
CASING DEPTH <u>878.43</u>			<input checked="" type="checkbox"/> SURFACE PIPE		BREAKDOWN BPM	
CASING WEIGHT <u>2416</u>	PACKER DEPTH		<input type="checkbox"/> PRODUCTION CASING		INITIAL BPM	
CASING CONDITION <u>good</u>			<input type="checkbox"/> SQUEEZE CEMENT		FINAL BPM	

PRESSURE SUMMARY				HYD HHP = RATE X PRESSURE X 40.8	
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	

INSTRUCTIONS PRIOR TO JOB Rig up, safety meeting, Psit test circ 50 BBLs H2O 2nd 10w/Dye, mix & Pump 374 SKS cement at 30% Excess at 1.27 yrild at 1512 lbs or well ill comen stops us, Release Plug Displace 53.1 BBLs H2O, Pump Plug at 150psi over Lift Psi, wait 5min Release Psi, wash up Rig Down

Arrived w/ 650 SKS cement 4 gallons Kel 16oz Dye 84.5 BBLs slurry

JOB SUMMARY  
DESCRIPTION OF JOB EVENTS safety meeting 2:10pm circ 2:25pm cement 2:37pm  
Drop Plug 3:05pm Displace 3:05pm

10 BBLs @ 5.5 BBLs/m 3:07pm 350psi used 14% Excess  
20 BBLs @ 5.5 BBLs/m 3:09pm 380psi used 329 SKS cement  
30 BBLs @ 5.5 BBLs/m 3:11pm 490psi 74.1 BBLs slurry  
40 BBLs @ 5.5 BBLs/m 3:14pm 590psi  
50 BBLs @ 2.5 BBLs/m 3:17pm 420psi  
53.1 BBLs @ 1.0 BBLs/m 3:18pm 350psi  
Pump Plug 3:18pm 510psi

Lift w/ 329 SKS cement 2 gallons 3/4ts Kel 6oz Dye BBLs Bed 14

AUTHORIZATION TO PROCEED

TITLE

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.



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## B.O.C. Tailgate Safety Meeting Report

INVOICE 9513

Date 11-14-10 Time 2:10 ☐ AM ☒ PM Meeting Facilitator Kirk Kanhafer  
Facility Name and Location Schneider 458 1131-12 PD cr 74-25 Work to be Undertaken Surf Ace Pipe  
Nearest Emergency Medical Service Number (Other than 911) Greeley

### 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 checked="" 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 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 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)

<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>[Signature]</u>	<u>[Signature]</u>
<u>[Signature]</u>	<u>Matthew Rockwell - BOS</u>
<u>[Signature]</u>	<u>Scott Achziger ENSIG</u>
<u>[Signature]</u>	<u>[Signature]</u>

Other Considerations and Field Notes: