



# BISON

## Invoice

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

Date	Invoice #
11/14/2010	9513

<b>Bill To</b>
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



## SERVICE INVOICE

**№ 9513**

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

PRICE REFERENCE	DESCRIPTION	UNITS		UNIT PRICE	AMOUNT	
		QTY.	MEAS.			
	<i>Pump charge</i>	<i>1</i>	<i>each</i>	<i>1400<sup>00</sup></i>	<i>1400</i>	<i>00</i>
	<i>BFN III 390 BCLT-1, 25% BFLT-1</i>	<i>329</i>	<i>SLS</i>	<i>18<sup>00</sup></i>	<i>5922</i>	<i>00</i>
	<i>BCLT-1</i>	<i>5</i>	<i>cts</i>	<i>7<sup>50</sup></i>	<i>37</i>	<i>50</i>
	<i>Dye</i>	<i>10</i>	<i>oz</i>	<i>15<sup>00</sup></i>	<i>150</i>	<i>00</i>
	<i>mileage<sup>1.50</sup> per mile 60 mile min Round trip</i>	<i>3</i>	<i>each</i>	<i>180<sup>00</sup></i>	<i>540</i>	<i>00</i>
	<i>Data Acc</i>	<i>1</i>	<i>each</i>	<i>225<sup>00</sup></i>	<i>225</i>	<i>00</i>
		<b>Total Weight</b>	<b>Loaded Miles</b>	<b>Ton Miles</b>		

*113412*

DRILLING
WELL NO. <i>EASIGN 55</i>
WELL NAME <i>Schneider</i>
PROJECT NO. <i>1251035</i>
TASK (DRILL, COMB, WIND, PUMP) <i>DRUG</i>
ACTG. CODE <i>1.1-0017</i>
DOLLAR TOTAL BEING PAID <i>8274.50</i>
1ST LEVEL APPROVAL DATE <i>11-14-10</i>
2ND LEVEL APPROVAL DATE
MAIL TO: NOBLE ENERGY INC 1020 BROADWAY DENVER, CO 80202
NO INVOICE WILL BE PAID WITHOUT ATTACHED SIGNED FIELD TICKETS

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	<i>8274 50</i>
TAX	
TOTAL	

"TAXES WILL BE ADDED AT CORPORATE OFFICE"

Customer or His Agent

Bison Oil Well Cementing, Inc. Representative

SUBJECT TO CORRECTION

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	<u>11-14-10</u>	Invoice Number	<u>9513</u>
Invoice Amount	_____	Well Permit Number	_____
Well Name	<u>Schneider 4SX</u>	Well Type	<u>Gas</u>
Well Location	<u>CR 74-25</u>	Well Number	<u>1131-12PD</u>
County	<u>weld</u>	Lease	_____
SEC/TWP/RNG	<u>31 7N 66W</u>	Job Type	<u>Surface Pipe</u>
State	<u>CO</u>	Company Name	<u>Waste</u>
Supervisor Name	<u>Kirk Kallho Jr</u>	Customer Representative	<u>mike sutton</u>
Employee Name	_____	Customer Phone Number	_____
	<u>mike R</u>	Exposure Hours (Per Employee)	<u>5</u>
	<u>Guy T</u>		<u>5</u>
	_____		_____
	_____		_____
	_____		_____
Total Exposure Hours	_____	Did we encounter any problems on this job? Yes / <input checked="" type="radio"/> 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?

**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:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

THE INFORMATION HEREIN IS CORRECT -

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Customer Representative's Signature

11-14-10  
 Date

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

# BISON OIL WELL CEMENTING, INC.



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

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
<u>12 1/4</u>					
TOTAL DEPTH <u>885</u>	TUBING DEPTH	SHOTS/FT	SURFACE PIPE ANNULUS LONG		
<u>PBTD 833.69</u>	TUBING WEIGHT	OPEN HOLE	STRING		
CASING SIZE <u>8 9/8</u>	TUBING CONDITION		TUBING		

CASING DEPTH <u>878.43</u>		TREATMENT VIA	TYPE OF TREATMENT	TREATMENT RATE
CASING WEIGHT <u>2416</u>	PACKER DEPTH		<input checked="" type="checkbox"/> SURFACE PIPE	BREAKDOWN BPM
CASING CONDITION <u>good</u>			<input 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 HHP = RATE X PRESSURE X 40.8

INSTRUCTIONS PRIOR TO JOB Rig up, safety meeting, Psi 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 11-14-10

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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 Kallhoff  
 Facility Name and Location Schneider 458 1131-12 PD cr 74-25 Work to be Undertaken Service 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>James [Signature]</u>
<u>Mr. [Signature]</u>	<u>Matthew Rockwell - BOS</u>
<u>Jim [Signature]</u>	<u>Scott ACHZIGER ENSIG</u>
<u>Mr. [Signature]</u>	
<u>Kim [Signature]</u>	<u>[Signature]</u>

Other Considerations and Field Notes: