



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

Bill To	Noble Energy Inc. Attn: Accounting 1625 Broadway Ste 2000 Denver, CO 80202
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Invoice #	11/28/2011
Date	10575

Invoice

Location	Well Name & No.	Terms	Job Type
Weld CO	Corbin D 30-23D	Net 30	Surface Pipe

Item	Description	Qty	U/M	Rate	Amount
Pump surface	PUMP Charge-surface pipe	1		1,400.00	1,400.00
Discount 15%				-15.00%	-210.00
MILEAGE	Mileage charge	360		1.50	540.00
Discount 15%				-15.00%	-81.00
Data Acquisition...	Data Acquisition Charge	1		225.00	225.00
Discount 15%				-15.00%	-33.75
HOURS	Wait Time	0.5		250.00	125.00
Discount 15%				-15.00%	-19.65.25
BFN III Winter ...	BFN III Blend	500	Sack	18.25	9,125.00T
Discount 15%				-15.00%	-1,368.75
KCL Mud Flush	(BHS 117)	5	qt	7.50	37.50T
Discount 15%				-15.00%	-5.63
Dye - 4880	Dye (Hot Pink 4880)	10	oz	15.00	150.00T
Discount 15%				-15.00%	-22.50
Subtotal of Materials					7,915.62
	Subtotal of Services				9,880.87

Please Remit Payment To:

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

Subtotal	\$9,880.87
Sales Tax (2.9%)	\$229.55
Total	\$10,110.42
Balance Due	\$10,110.42

Bison Oil Well Cementing, Inc. Representative

Customer or His Agent

SUBJECT TO CORRECTION

"TAXES WILL BE ADDED AT CORPORATE OFFICE"

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%.

SUB TOTAL 2.96% TAX

TAX REFERENCES

Total Weight	Loaded Miles
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Ton
Miles

KING JAMES & NUMBER:
 Evelyn 128
 MEL NAME & NUMBER:
 134760
 ME NUMBER
 Corbin D30-230
 TACK DRILL COMP., W/O. PAY
 126g
 EXP TYPE
 Cmt + d Cmt + Sec
 A.CTG CODE:
 11-2018
 DOLLAR TOTAL BEING AHEAD
 \$11609.58
 FIELD APPROVAL DATE
 10/1/18
 ROUTE TO APPROVER
 MAIL TO: NOBLE ENERGY INC.
 ATTN: A/COUNTS PAYABLE
 1625 BROADWAY, SUITE 2200
 DENVER, CO 80202
 NO INVOICE WILL BE PAID W/O ALL
 ATTACHED SIGNED FIELD TICKETS

Waiting Time

Data Int.

Mileage 1.50 mile 60 mile m.m. Round Trip

Dye

BCLY-1

BFN III 3% BCCA-1, 25/6/86 BFLA-1

Pump Charge

[illegible]

CHARGE TO

WELL NO. AND FARM
Corbin D 30-23D

WELL LOCATION

TWP. 3N RAN

CONTRACTOR

11-28-11

STATE
Colo.

Weld COUNTY

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



BISON OIL WELL CEMENTING, INC.

SERVICE INVOICE

№ 10575

BISON OIL WELL CEMENTING, INC.



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

TREATMENT REPORT

DATE	11-28-11	WELL NAME	Corbin D 30-230	SECTION	3D	TWP	3N	RGE	44W	COUNTY	Weld	FORMATION	
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CHARGE TO	Noble	OWNER	
MAILING ADDRESS		OPERATOR	Noble
CITY		CONTRACTOR	Ensign Rig 128
STATE ZIP CODE		DISTANCE TO LOCATION	
TIME ARRIVED ON LOCATION	8:40pm	TIME LEFT LOCATION	4:00am

WELL DATA				PRESSURE LIMITATIONS			
TUBING SIZE	12 1/4	PERFORATIONS		THEORETICAL		INSTRUCTED	
TUBING DEPTH	829	SHOTS/FT		SURFACE PIPE ANNULUS LONG			
TUBING WEIGHT	PBTD 779.41	OPEN HOLE		STRING			
CASING SIZE	8 5/8	TUBING CONDITION		TUBING			
CASING DEPTH	823.11						
CASING WEIGHT	24 lb.	PACKER DEPTH					
CASING CONDITION	Good						

PRESSURE SUMMARY				TYPE OF TREATMENT			
BREAKDOWN or CIRCULATING	psi	AVERAGE	psi	[] ACID BREAKDOWN	MINIMUM BPM	FINAL BPM	BREAKDOWN BPM
FINAL DISPLACEMENT	psi	ISIP	psi	[] ACID STIMULATION	MAXIMUM BPM		
ANNULUS	psi	5 MIN SIP	psi	[] ACID SPOTTING	AVERAGE BPM		
MAXIMUM	psi	15 MIN SIP	psi	[] MISC PUMP			
MINIMUM	psi			[] OTHER			
HYD HHP = RATE X PRESSURE X 40.8				TREATMENT RATE			

INSTRUCTIONS PRIOR TO JOB
Rig up, Safety meeting, Fer company Man, Lick 50 bbls H₂O with KCL + Dye x 10 in 2nd 10 bbls, Mix pump Tell Dye is seen then pump tub only at 15.2 bbls, 127 yield, Don't go over 30% excess
with out Talking to company Man, Drop plug, Displace 49.6 bbls H₂O, Bump plug at 150 psi over
Lift B₁, Wait 5 min, then bleed off B₁, Wash up, Rig down, H₂O Tested good, We have 700 sks
3202 Dye, 21 ats KCL,
JOB SUMMARY
DESCRIPTION OF JOB EVENTS
Safety meeting 2:00pm, Lick 2:21am, Cement 2:29am to 3:02am

Drop Plug 3:03am, Displace 3:04am
10665 380 PSI 3:06am 7.0665/m
20665 530 PSI 3:07am 7.0665/m
30665 560 PSI 3:09am 7.0665/m
40665 610 PSI 3:10am 6.0665/m
49665 500 PSI 3:13am 1.0665/m
Bump Plug 710 PSI at 3:13am Float Collar Did Not Hold Rig put Tabs in Float
Collar, Aug Cement 3:42 bbls/m
Used 85 1/2% excess = 500 sks, 113.09 bbls slurry
Left with 200 sks, 2202 Dye, 16 ats KCL
15 bbls slurry to the P.T

11-28-11
WSS
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.

REF. INVOICE # 10575
LOCATION WCR 49+30
FOREMAN Calvin Reimers



B.O.C. Tailgate Safety Meeting Report

INVOICE 10575

Date 11-28-11 Time 2:00 PM

Meeting Facilitator

Calvin Reimers
Work to be Undertaken
Surface Pipe

Nearest Emergency Medical Service Number (Other than 911) 303-230-2300

MINIMUM STANDARDS REQUIREMENT VERIFICATION (must be verified for all members of a work party)

Hard Hat Safety Glasses w/ side shields 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)

- ☒ Positions of People
- ☒ Falling from Heights
- ☒ Slips/Trips/Falls
- ☒ Extreme Heat/Cold
- ☒ Electrical Current
- ☒ Overexertion/Heavy Lifting
- ☒ Spills/Leaks
- ☒ Flying Particles
- ☒ Overhead Power Lines
- ☒ Job Safety Analysis Reviewed (if applicable)
- ☒ NORM or Other Radiation
- ☒ Overhead work/suspended Loads/Chains/Slings
- ☒ Trapped Pressure
- ☒ Flammable/Combustible/Explosives
- ☒ Pinch Points/Moving/Rotating Equipment
- ☒ Waste Handling/Disposal
- ☒ Excavation Collapse
- ☒ Walk Around Site Assessment
- ☒ MSDS's Reviewed
- ☒ Insects/Snakes/etc.
- ☒ Sharp Edges
- ☒ Noise Levels
- ☒ Walking/Working Surfaces
- ☒ Hazardous Atmosphere
- ☒ Hazardous Substance

ADDITIONAL PPE REQUIREMENT (based on the job specific hazards, check all that apply)

- ☒ Eyes/Face
- ☒ Tinted Lenses
- ☒ Goggles
- ☒ Faceshield
- ☒ Hearing Protection
- ☒ Hands
- ☒ Chemical Resistant Gloves
- ☒ Heat Resistant Gloves
- ☒ Cotton or Leather Gloves
- ☒ Dielectric Gloves
- ☒ Feet
- ☒ Rubber Boots
- ☒ Over Boots
- ☒ Dielectric Boots
- ☒ Other
- ☒ Air Purifying Respirator
- ☒ Supplied Air Respirator
- ☒ Personal H2S Monitor (if in sour area)
- ☒ Chemical Resistant Clothing
- ☒ Personal Fall Arrest Systems

EMERGENCY PREPARATIONS

Muster Areas Communication Methods Means of Egress Emergency Equipment

Additional Topics Covered:

Attendees (Signature)/Company

Attendees (Signature)/Company

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	11-28-11
Invoice Amount	
Well Name	CORBIN D
Well Location	WCR 49+30
County	WELD
SEC/TWP/RNG	30-3N-64W
State	CO
Supervisor Name	Calvin Reimers
Employee Name	Tucker L. Dagis H. Pat N.
Total Exposure Hours	
Did we encounter any problems on this job? Yes <input type="radio"/> No <input checked="" type="radio"/>	

Invoice Number	10575
Well Permit Number	
Well Type	Gas
Well Number	30-230
Lease	
Job Type	Surface Pipe
Company Name	Mobile
Customer Representative	Roger F.
Customer Phone Number	

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

RATING / CATEGORY

Personnel	5
Equipment	5
Job Design	5
Product / Material	5
Health & Safety	5
Environmental	5
Timeliness	5
Condition / Appearance	5
Communication	5
Improvement	0

Please Circle:

Did an accident or injury occur? Yes / No - ☒ No

Did an injury requiring medical treatment occur? Yes / No - ☒ No

Did a first-aid injury occur? Yes / No - ☒ No

Did a vehicle accident occur? Yes / No - ☒ No

Was a post-job safety meeting held? Yes / No - ☒ No

Additional Comments: Thank you for a great job

CUSTOMER SATISFACTION RATING

Did our personnel perform to your satisfaction? ☒ Yes / ☐ No

Did our equipment perform to your satisfaction? ☒ Yes / ☐ No

Did we perform the job to the agreed upon design? ☒ Yes / ☐ No

Did our products and materials perform as you expected? ☒ Yes / ☐ No

Did we perform in a safe and careful manner (Pre / post migs, PPE, TSMR, etc..) ? ☒ Yes / ☐ No

Did we perform in an environmentally sound manner (Spills, leaks, cleanup, etc..) ? ☒ Yes / ☐ No

Was job performed as scheduled (On time to site, accessible to customer, completed when expected)? ☒ Yes / ☐ No

Did the equipment condition and appearance meet your expectation? ☒ Yes / ☐ No

How well did our personnel communicate during mobilization, rig up, and job execution? ☒ Yes / ☐ No

What can we do to improve our service? ☒ Yes / ☐ No

Did any near misses occur? ☒ Yes / ☐ No

THE INFORMATION HEREIN IS CORRECT -

Customer Representative's Signature

Roger F.

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

Date

11-28-11