



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

FILE

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

| | |
|-----------|------------|
| Invoice # | 10605 |
| Date | 12/10/2011 |

Invoice

| | | | |
|----------|-----------------|--------|--------------|
| Location | Well Name & No. | Terms | Job Type |
| Weld CO | Dechaut D31-27D | Net 30 | Surface Pipe |

| Item | Description | Qty | U/M | Rate | Amount |
|-----------------------|-------------------------|-----|-----|----------|-----------|
| PUMP | Pump charge | 1 | | 1,400.00 | 1,400.00 |
| Discount 15% | | | | -210.00 | |
| MILEAGE | Mileage charge | 360 | | 1.50 | 540.00 |
| Discount 15% | | | | -81.00 | |
| Data Acquisition... | Data Acquisition Charge | 1 | | 225.00 | 225.00 |
| Discount 15% | | | | -33.75 | |
| HOURS | Wait Time | 6 | | 250.00 | 1,500.00 |
| Discount 15% | | | | -225.00 | |
| BFN III Winter ... | Subtotal of Services | | | | 3,340.25 |
| Discount 15% | | | | | 8,084.75T |
| Mud Flush (bag) | Mud Flush | 5 | lb | 7.50 | 37.50T |
| Discount 15% | | | | -5.63 | |
| Dye - 4880 | Dye (Hot Pink 4880) | 10 | oz | 15.00 | 150.00T |
| Discount 15% | | | | -22.50 | |
| Subtotal of Materials | | | | | 7,031.41 |

| | | | | | |
|--|--|-------------|------------------|-------------|-------------|
| Please Remit Payment To: | | Subtotal | Sales Tax (2.9%) | Total | Balance Due |
| Bison Oil Well Cementing, Inc. P.O. Box 29671 Thornton, CO 80229 | | \$10,371.66 | \$203.91 | \$10,575.57 | \$10,575.57 |

SERVICE INVOICE

№ 10605

BISON OIL WELL CEMENTING, INC.



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

| | | | |
|--------------------------------|-------------|------------------|-------------|
| WELL NO. AND FARM | | DCHAUT D31-27D | |
| COUNTY | | weld | |
| STATE | | CO | |
| DATE | | 12-10-11 | |
| CONTRACTOR | | Ensign 128 | |
| LOCATION | CODE | LOCATION | CODE |
| 1 540 | | 1 540 | |
| SHIPPED VIA | | WEL M9430 | |
| DELIVERED TO | | WEL M9430 | |
| TWP. AND RANGE | | TWP. 2N RANGE 3W | |
| TYPE AND PURPOSE OF JOB | | 5" surface pipe | |
| LOCATION | CODE | LOCATION | CODE |
| 2 WEL M9430 | | 2 WEL M9430 | |
| LOCATION | CODE | LOCATION | CODE |
| 3 540 | | 3 540 | |
| WELL TYPE | CODE | WELL TYPE | CODE |
| 645 | | 645 | |

| PRICE REFERENCE | DESCRIPTION | UNITS | QTY. | MEAS. | UNIT PRICE | AMOUNT |
|-----------------|--|-------|------|-------|------------|---------|
| | Pump charge | EA | 1 | | 1400.00 | 1400.00 |
| | BFL III 3% BFLA-1 2518SK BFLA-1 | SS | 443 | | 18.25 | 8084.75 |
| | BFLA-1 | QTS | 6 | | 7.50 | 37.50 |
| | DYE | 02 | 10 | | 15.00 | 150.00 |
| | MILEAGE 1.50 per mile borne with Roundtrip | EA | 3 | | 180.00 | 540.00 |
| | DATA entry | EA | 1 | | 225.00 | 225.00 |
| | FOR TIME | HRS | 6 | | 250.00 | 1500.00 |

| | |
|--------------------------|----------------|
| RIG NO. | Ensign 128 |
| WELL NAME | DCHAUT D31-27D |
| PROJECT NO. | 131937 |
| TASK ORDER CAMP NO. P.M. | |
| ACTG. CODE | 011-0017 |
| DOLLAR TOTAL | 11751.25 |
| DATE | 12/10/11 |
| 1ST LEVEL APPROVAL | |
| 2ND LEVEL APPROVAL | |

MAIL TO: MOBILE ENERGY INC.
1625 BROADWAY
SUITE 2200
DENVER, CO 80202
NO INVOICE WILL BE FWD W/ ALL 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%.

"TAXES WILL BE ADDED AT CORPORATE OFFICE"

Thank you

SUB TOTAL 2.990

TAX 203.91

TOTAL 18575.57

Bison Oil Well Cementing, Inc. Representative

Customer or His Agent

SUBJECT TO CORRECTION

Customers hereby acknowledge and specifically agree 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, Colorado 80202
Phone: 303-296-3010
Fax: 303-298-8143
E-mail: bisonoil1@qwestoffice.net



TREATMENT REPORT

| | | | | | | | | | | | | |
|------|----------|-----------|-----------------|---------|---|-----|----|-----|----|--------|------|-----------|
| DATE | 12-10-11 | WELL NAME | DECHART 031-27D | SECTION | 1 | TWP | 2N | RGE | 3W | COUNTY | WELD | FORMATION |
|------|----------|-----------|-----------------|---------|---|-----|----|-----|----|--------|------|-----------|

| | | | |
|--------------------------|---------|----------------------|------------|
| CHARGE TO | MOBILE | OWNER | |
| Mailing Address | MOBILE | OPERATOR | MOBILE |
| CITY | | CONTRACTOR | ENSIGN 128 |
| STATE ZIP CODE | | DISTANCE TO LOCATION | |
| TIME ARRIVED ON LOCATION | 1:09 PM | TIME LEFT LOCATION | 12:00 PM |

| WELL DATA | | | | PRESSURE LIMITATIONS | | | |
|------------------|--------|------------------|--------|--------------------------|--|------------|--|
| HOLE SIZE | 12 1/4 | TUBING SIZE | 8 1/2 | THEORETICAL | | INSTRUCTED | |
| TOTAL DEPTH | 845 | TUBING DEPTH | 794.07 | SURFACE PIPE ANNUUS LONG | | | |
| TUBING WEIGHT | 888 | OPEN HOLE | | STRING | | | |
| CASING SIZE | 8 3/8 | TUBING CONDITION | | TUBING | | | |
| CASING DEPTH | 839.53 | | | | | | |
| CASING WEIGHT | 24 | | | | | | |
| CASING CONDITION | 6007 | | | | | | |

| PRESSURE SUMMARY | | | | TYPE OF TREATMENT | | | |
|--------------------------|-----|------------|-----|--|--|--|--|
| BREAKDOWN or CIRCULATING | psi | AVERAGE | psi | <input checked="" type="checkbox"/> SURFACE PIPE | | | |
| FINAL DISPLACEMENT | psi | ISIP | psi | <input type="checkbox"/> PRODUCTION CASING | | | |
| ANNUUS | psi | 5 MIN SIP | psi | <input type="checkbox"/> SOLEZE CEMENT | | | |
| MAXIMUM | psi | 15 MIN SIP | psi | <input type="checkbox"/> ACID BREAKDOWN | | | |
| MINIMUM | psi | | | <input type="checkbox"/> ACID STIMULATION | | | |
| | | | | <input type="checkbox"/> ACID SPOTTING | | | |
| | | | | <input type="checkbox"/> MISC PUMP | | | |
| | | | | <input type="checkbox"/> OTHER | | | |

INSTRUCTIONS PRIOR TO JOB: Rig w/ shift meeting, per company man & per 50 BRIS H&O with 121 Dpt 14, 010 178
 H&O TILL DYE IS SEEN THEN PUMP TWO ONLY AT 151205 127 YIELD DONT GO OVER 30% DYECS
 WITH OUT TALKING TO COMPANY MAN PUMP PLUG DISPLAC 5015 BRIS 1420 R&P PLUG 152 PSI
 OVER LIFT PRESSURE WAIT 5 MINUTES THEN BLEED OFF PSI, VAS & R, R&DOWN
 H&O TESTED GOOD, VEHAVE 650 SKS 3202 DYE 4605 KIL

JOB SUMMARY: shift meeting 9:14 AM, 9:15 AM, 10:06 - 10:39 AM
 DESCRIPTION OF JOB EVENTS: 10:10:15 220 PSI 5.5 BRIS per min.
 20 10:14:17 300 " 5.5 BRIS per min.
 30 10:14:19 350 " 5.5 BRIS per min.
 40 10:15:17 370 " 5.5 BRIS per min.
 50 10:15:17 450 PSI 5.5 BRIS per min.
 60 10:15:17 450 PSI 5.5 BRIS per min.
 70 10:15:17 450 PSI 5.5 BRIS per min.
 80 10:15:17 450 PSI 5.5 BRIS per min.
 90 10:15:17 450 PSI 5.5 BRIS per min.
 100 10:15:17 450 PSI 5.5 BRIS per min.
 110 10:15:17 450 PSI 5.5 BRIS per min.
 120 10:15:17 450 PSI 5.5 BRIS per min.
 130 10:15:17 450 PSI 5.5 BRIS per min.
 140 10:15:17 450 PSI 5.5 BRIS per min.
 150 10:15:17 450 PSI 5.5 BRIS per min.
 160 10:15:17 450 PSI 5.5 BRIS per min.
 170 10:15:17 450 PSI 5.5 BRIS per min.
 180 10:15:17 450 PSI 5.5 BRIS per min.
 190 10:15:17 450 PSI 5.5 BRIS per min.
 200 10:15:17 450 PSI 5.5 BRIS per min.
 210 10:15:17 450 PSI 5.5 BRIS per min.
 220 10:15:17 450 PSI 5.5 BRIS per min.
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 270 10:15:17 450 PSI 5.5 BRIS per min.
 280 10:15:17 450 PSI 5.5 BRIS per min.
 290 10:15:17 450 PSI 5.5 BRIS per min.
 300 10:15:17 450 PSI 5.5 BRIS per min.
 310 10:15:17 450 PSI 5.5 BRIS per min.
 320 10:15:17 450 PSI 5.5 BRIS per min.
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 370 10:15:17 450 PSI 5.5 BRIS per min.
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 390 10:15:17 450 PSI 5.5 BRIS per min.
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 750 10:15:17 450 PSI 5.5 BRIS per min.
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 770 10:15:17 450 PSI 5.5 BRIS per min.
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 790 10:15:17 450 PSI 5.5 BRIS per min.
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 820 10:15:17 450 PSI 5.5 BRIS per min.
 830 10:15:17 450 PSI 5.5 BRIS per min.
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 850 10:15:17 450 PSI 5.5 BRIS per min.
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 990 10:15:17 450 PSI 5.5 BRIS per min.
 1000 10:15:17 450 PSI 5.5 BRIS per min.

AUTHORIZATION TO PROCEED (Signature) WSS
 TITLE
 DATE 12-10-11
 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 # 10605
 LOCATION W&A 49430
 FOREMAN Jot Mound



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 10605

Date 10-10-11 Time 9:30 AM

Facility Name and Location DeHart 031-27D

Nearest Emergency Medical Service Number (Other than 911) 622-4444

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

Hazard Identification and Safety Briefing Discussion (Check and Discuss all Relevant Hazards)

- ☐ 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
☐ Overhead Power Lines
☐ Falling from Heights
☐ Slips/Trips/Falls
☐ Extreme Heat/Cold
☐ Electrical Current
☐ Overexertion/Heavy Lifting
☐ Spills/Releases
☐ Flying Particles
☐ Hearing Protection

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

- Eyes/Face**
☐ Tinted Lenses
☐ Goggles
☐ Faceshield
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 | 12-10-11 |
| Invoice Amount | |
| Well Name | DECHART D |
| Well Location | WEL 49-30 |
| County | WELD |
| SEC/TWP/RNG | 14N-3W |
| State | CO |
| Supervisor Name | PAUL DEIN |
| Employee Name | |
| Total Exposure Hours | |
| Did we encounter any problems on this job? Yes <input type="radio"/> No <input checked="" type="radio"/> | |

| | |
|-------------------------------|-------------|
| Invoice Number | 10605 |
| Well Permit Number | 645 |
| Well Type | 31-27D |
| Lease | |
| Job Type | SUPHAC PIPE |
| Company Name | NOBLE |
| Customer Representative | PAUL DEIN |
| Customer Phone Number | |
| Exposure Hours (Per Employee) | |
| | 11 |
| | 11 |
| | 11 |
| | 11 |
| | 11 |

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 - | 4 |
| Equipment - | 4 |
| Job Design - | 4 |
| Product / Material - | 4 |
| Health & Safety - | 4 |
| Environmental - | 4 |
| Timeliness - | 4 |
| Condition / Appearance - | 4 |
| Communication - | 4 |
| Improvement - | 4 |

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 mtgs, 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

Please Circle:

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

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

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

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

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

Additional Comments:

THE INFORMATION HEREIN IS CORRECT -

Customer Representative's Signature

Paul Dein

Date

12-10-11

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