



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

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

|           |           |
|-----------|-----------|
| Invoice # | 11442     |
| Date      | 3/26/2012 |

Invoice

| Location              | Well Name & No.          | Terms  | Job Type     |
|-----------------------|--------------------------|--------|--------------|
| Weid, CO.             | REI H17-32D              | Net 30 | Surface Pump |
| Item                  | Description              | Qty    | U/M          |
| Pump surface          | PUMP Charge-surface pipe | 1      |              |
| MILEAGE               | Discount 15%             |        |              |
| Discount 15%          | Milage charge            | 360    |              |
| Discount 15%          | Discount 15%             |        |              |
| Data Acquisition ...  | Data Acquisition Charge  | 1      |              |
| Discount 15%          | Discount 15%             |        |              |
| Discount 15%          | Subtotal of Services     |        |              |
| BFN III Winter ...    | BFN III Blend            | 257    | Sack         |
| Discount 15%          | Discount 15%             |        |              |
| KCL Mud Flush         | (BHS 117)                | 4      | qt           |
| Discount 15%          | Discount 15%             |        |              |
| Dye - 4880            | Dye (Hot Pink 4880)      | 16     | oz           |
| Discount 15%          | Discount 15%             |        |              |
| Subtotal of Materials | Subtotal of Materials    |        |              |

Please Remit Payment To:

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

|                  |            |
|------------------|------------|
| Subtotal         | \$6,056.46 |
| Sales Tax (2.9%) | \$122.27   |
| Total            | \$6,178.73 |
| Balance Due      | \$6,178.73 |

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%.

[illegible]

| WELL NO. AND FARM                      | COUNTY      | STATE | DATE    | CONTRACTOR | CHARGE TO          | Noble              | SEC. 17                 | WELL LOCATION | TWP. 3N | RANGE 65W | Ensign 136 |  |
|--|-------------|-------|---------|------------|--------------------|--------------------|-------------------------|---------------|---------|-----------|------------|--|
| RFE H17-320                            | Laud        | CO    | 3/26/12 |            |                    |                    |                         |               |         |           |            |  |
| PRICE REFERENCE                        | DESCRIPTION | QTY.  | MEAS.   | UNITS      | UNIT PRICE         | AMOUNT             |                         |               |         |           |            |  |
| Pump charge                            |             | 1     | each    |            | 1400 <sup>00</sup> | 1400 <sup>00</sup> |                         |               |         |           |            |  |
| FNU III 3% BCC-A-1.25 lbs/SK BF-LY-1   |             | 857   | SKS     |            | 1825               | 4640 <sup>25</sup> |                         |               |         |           |            |  |
| BCLY-1                                 |             | 4     | BS      |            | 750                | 30 <sup>00</sup>   |                         |               |         |           |            |  |
| Dye                                    |             | 16    | OZ      |            | 15 <sup>00</sup>   | 240 <sup>00</sup>  |                         |               |         |           |            |  |
| Mileage \$150/mi. 60 mi min Round Trip |             | 3     | each    |            | 180 <sup>00</sup>  | 540 <sup>00</sup>  |                         |               |         |           |            |  |
| Data fee                               |             | 1     | each    |            | 225 <sup>00</sup>  | 225 <sup>00</sup>  |                         |               |         |           |            |  |
|  |             |       |         |            |                    |                    | Surface Pipe            |               |         |           |            |  |
|  |             |       |         |            |                    |                    | TYPE AND PURPOSE OF JOB |               |         |           |            |  |
|  |             |       |         |            |                    |                    | 3101 / 32H              |               |         |           |            |  |
|  |             |       |         |            |                    |                    | SHIPPED VIA             |               |         |           |            |  |
|  |             |       |         |            |                    |                    | 39+32                   |               |         |           |            |  |
|  |             |       |         |            |                    |                    | DELIVERED TO            |               |         |           |            |  |
|  |             |       |         |            |                    |                    | 39+32                   |               |         |           |            |  |
|  |             |       |         |            |                    |                    | LOCATION                |               |         |           |            |  |
|  |             |       |         |            |                    |                    | 1 Shop                  |               |         |           |            |  |
|  |             |       |         |            |                    |                    | LOCATION                |               |         |           |            |  |
|  |             |       |         |            |                    |                    | 2 39+32                 |               |         |           |            |  |
|  |             |       |         |            |                    |                    | LOCATION                |               |         |           |            |  |
|  |             |       |         |            |                    |                    | 3 Shop                  |               |         |           |            |  |
|  |             |       |         |            |                    |                    | WELL TYPE               |               |         |           |            |  |
|  |             |       |         |            |                    |                    | 65                      |               |         |           |            |  |
|  |             |       |         |            |                    |                    | CODE                    |               |         |           |            |  |
|  |             |       |         |            |                    |                    | CODE                    |               |         |           |            |  |
|  |             |       |         |            |                    |                    | CODE                    |               |         |           |            |  |

Ensign 136  
FET H17-320  
130855  
APR  
1.117  
DOLLAR TOTAL BEING PAID  
\$2125.<sup>05</sup>  
DATE 3/26/12  
LOADED APPROVAL  
WEIGHT MOBILE ENGINES  
Total Loaded

154879

No 11442

# SERVICE INVOICE



**BISON OIL WELL CEMENTING, INC.**

1738 Wynkoop St., Ste. 102  
Denver, Colorado 80202  
Phone: 303-296-3010  
Fax: 303-298-8143  
E-mail: [bisono11@gwestoffice.net](mailto:bisono11@gwestoffice.net)



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 Phone: 303-296-3010  
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 E-mail: bisonoil1@qwestoffice.net



## TREATMENT REPORT

REF. INVOICE # 11442  
 LOCATION 39432  
 FOREMAN Tucker (LHAKU)  
 JESSIE, LENA

| DATE    | WELL NAME   | SECTION | TWP | RGE | COUNTY | FORMATION |
|---------|-------------|---------|-----|-----|--------|-----------|
| 3/26/12 | LEF H17-320 | 17      | 3N  | 65W | Weld   |           |

| CHARGE TO | MAILING ADDRESS | CITY        | STATE ZIP CODE       | TIME ARRIVED ON LOCATION |
|-----------|-----------------|-------------|----------------------|--------------------------|
| Riddle    |                 |             |                      | 6:00 pm                  |
| OWNER     | OPERATOR        | CONTRACTOR  | DISTANCE TO LOCATION | TIME LEFT LOCATION       |
|           | Riddle          | Kensign 136 |                      | 11:15 pm                 |

| WELL DATA        |                  | PRESSURE LIMITATIONS      |            |
|------------------|------------------|---------------------------|------------|
| TUBING SIZE      | PERFORATIONS     | THEORETICAL               | INSTRUCTED |
| 12 1/4           |                  |                           |            |
| TOTAL DEPTH      | SHOTS/FT         | SURFACE PIPE ANNULUS LONG |            |
| 755              |                  |                           |            |
| TUBING WEIGHT    | OPEN HOLE        | STRING                    | TUBING     |
| 699.64           |                  |                           |            |
| CASING SIZE      | TUBING CONDITION |                           |            |
| 5 3/8            |                  |                           |            |
| CASING DEPTH     | PACKER DEPTH     |                           |            |
| 745              | 24 lbs           |                           |            |
| CASING CONDITION |                  |                           |            |
| 600              |                  |                           |            |

| PRESSURE SUMMARY         |            | TYPE OF TREATMENT |         |
|--------------------------|------------|-------------------|---------|
| BREAKDOWN or CIRCULATING | AVERAGE    | ISIP              | MINIMUM |
| psi                      | psi        | psi               | psi     |
| FINAL DISPLACEMENT       | ISIP       | ACID STIMULATION  | MAXIMUM |
| psi                      | psi        | psi               | psi     |
| ANNULUS                  | 5 MIN SIP  | ACID SPOTTING     | AVERAGE |
| psi                      | psi        | psi               | psi     |
| MAXIMUM                  | 15 MIN SIP | MISC PUMP         |         |
| psi                      | psi        |                   |         |
| MINIMUM                  |            | OTHER             |         |
| psi                      |            |                   |         |

INSTRUCTIONS PRIOR TO JOB  
 Pump 319 sks cement at 30% excess at 1.27 yield at 30% excess at 15.2 lbs or until CO men stops us  
 Release plug pump 44.5 bbls H2O bump plug 150 psi over 1.8 ft psi, wait 5 min, release pt washup  
 H2O test ok  
 28.3 bbls string  
 Arrived w/ 650 sks cement 4 gal KCL, 16 oz dye  
 Safety meeting 9:19 pm  
 Core - 9:46 pm  
 cement 9:54 pm  
 string cement 10:12 pm  
 Release plug 10:14 pm

| JOB SUMMARY              |          | DESCRIPTION OF JOB EVENTS |                      |
|--------------------------|----------|---------------------------|----------------------|
| 10 bbls at 1.0 bbl/min   | 16:17    | 160 psi                   | used 4 % excess      |
| 20 bbls at 1.0 bbl/min   | 16:19    | 800 psi                   | used 85.7 sks cement |
| 30 bbls at 1.0 bbl/min   | 16:24    | 310 psi                   | 58.1                 |
| 40 bbls at 1.0 bbl/min   | 16:24    | 320 psi                   | 58.1                 |
| 44.5 bbls at 1.0 bbl/min | 16:27    | 470 psi                   |                      |
| Bump Plug                | 16:27 pm | 470 psi                   |                      |

Left w/ 393 sks cement 3 gal KCL  
 BALS BACK 5

Bison Oil Well Cementing, Inc  
1738 Wynkoop St., Ste. 102  
Denver, CO 80202  
303-296-3010  
www.BisonOilWell.com



### Cementing Customer Satisfaction Survey

|   |              |                      |           |
|---|--------------|----------------------|-----------|
| Invoice Number                                      | 11442        | Service Date         | 3/26/12   |
| Well Permit Number                                  | 655          | Invoice Amount       |           |
| Well Type   | 17-32 D      | Well Name            | RTF H     |
| Lease   |              | Well Location        | 39432     |
| Job Type  | Surface Pipe | County               | Weld      |
| Company Name  | Uddle        | SEC/WP/RNG           | 17 32 654 |
| Customer Representative                             | Brown        | Supervisor Name      | Uddle     |
| Customer Phone Number                               |              | Employee Name        |           |
| Exposure Hours (Per Employee)                       | 5 1/4        | Total Exposure Hours |           |
| Did we encounter any problems on this job? Yes (No) |              |                      |           |

### To Be Completed By Customer

| Rating/Description   | Rating / CATEGORY |
|--|-------------------|
| 5 - Superior Performance ( Established new quality / performance standards )       | 5                 |
| 4 - Exceeded Expectations ( Provided more than what was required / expected )      | 5                 |
| 3 - Met Expectations ( Did what was expected )                                     | 5                 |
| 2 - Below Expectations ( Job problems / failures occurred [ * Recovery made ] )    | 5                 |
| 1 - Poor Performance ( Job problems / failures occurred [ * Some recovery made ] ) | 5                 |
| * Recovery: resolved issue(s) on jobsite in a timely and professional manner       |                   |

| CUSTOMER SATISFACTION RATING   | Improvement - |
|--|---------------|
| Did our personnel perform to your satisfaction ?   | 5             |
| Did our equipment perform to your satisfaction ?   | 5             |
| Did we perform the job to the agreed upon design ?   | 5             |
| Did our products and materials perform as you expected ?   | 5             |
| Did we perform in a safe and careful manner ( Pre / post migs, PPE, TSMR, etc.. ) ?                | 5             |
| Did we perform in an environmentally sound manner ( Spills, leaks, cleanup, etc.. ) ?              | 5             |
| Was job performed as scheduled (On time to site, accessible to customer, completed when expected)? | 5             |
| Did the equipment condition and appearance meet your expectation?                                  | 5             |
| How well did our personnel communicate during mobilization, rig up, and job execution?             | 5             |
| What can we do to improve our service?   |               |

Please Circle:

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

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

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

Yes / No - Did a vehicle accident occur? Yes

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

Additional Comments: Good job, thanks!

THE INFORMATION HEREIN IS CORRECT -

Customer Representative's Signature

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

Date

3/26/12





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

INVOICE

11442

Meeting Facilitator

Tucker L. Lunkin

Work to be Undertaken

Surface Pipe

Date 3/24/12

Time 9:19

AM PM

Facility Name and Location

EEF H17-320

Nearest Emergency Medical Service Number (Other than 911)

6242

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)

- ☒ Hazardous Substance
- ☒ Hazardous Atmosphere
- ☒ Walking/Working Surfaces
- ☒ Noise Levels
- ☒ Sharp Edges
- ☒ Insects/Snakes/etc.
- ☒ MSDS's Reviewed
- ☒ Walk Around Site Assessment
- ☒ Other
- ☒ Air Purifying Respirator
- ☒ Supplied Air Respirator
- ☒ Personal H2S Monitor (if in sour area)
- ☒ Chemical Resistant Clothing
- ☒ Personal Fall Arrest Systems

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: