



Suite 102
Denver, CO 80202
303-296-3010

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

Invoice

Location	Well Name & No.	Terms	Job Type
Weld, CO.	KY Blue D 30-32	Net 30	Surface Pump
Item	Description	Qty	U/M
Pump surface	PUMP Charge-surface pipe	1	
Discount 15%	Discount 15%		
MILEAGE	Mileage charge	360	
Discount 15%	Discount 15%		
Data Acquisition ...	Data Acquisition Charge	1	
Discount 15%	Discount 15%		
Subtotal of Services	Subtotal of Services		
BFN III Winter ...	BFN III Blend	271	Sack
Discount 15%	Discount 15%		
KCL Mud Flush	(BHS 117)	5	qt
Discount 15%	Discount 15%		
Dye - 4880	Dye (Hot Pink 4880)	16	oz
Discount 15%	Discount 15%		
Subtotal of Materials	Subtotal of Materials		
Discount 15%	Discount 15%		
4,945.75T	4,945.75T		
-741.86	-741.86		
37.50T	37.50T		
-5.63	-5.63		
240.00T	240.00T		
-36.00	-36.00		
4,439.76	4,439.76		
Rate	Amount		
1,400.00	1,400.00		
-15.00%	-15.00%		
1.50	1.50		
-15.00%	-15.00%		
225.00	225.00		
-15.00%	-15.00%		
18.25	18.25		
-15.00%	-15.00%		
7.50	7.50		
-15.00%	-15.00%		
15.00	15.00		
-15.00%	-15.00%		

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

Subtotal	\$6,280.01
Sales Tax (2.9%)	\$128.75
Total	\$6,408.76
Balance Due	\$6,408.76

BISON OIL WELL CEMENTING, INC.



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

SERVICE INVOICE

№ 11451

WELL NO. AND FARM		Ky Blue D-30-32	
COUNTY	Weld	STATE	Co
WELL LOCATION	Noble		
SEC. 25	TWP. 3	RANGE 45	
DELIVERED TO	Lcn 49+30		
SHIPPED VIA	3102 + 3204		
TYPE AND PURPOSE OF JOB	Surface Rpt		
LOCATION	1	Shop	
LOCATION	2	Lcn 49+30	
LOCATION	3	Shop	
WELL TYPE	GAS		
CONTRACTOR	Ensign 122		
DATE	3-14-12		

PRICE REFERENCE	DESCRIPTION	QTY.	MEAS.	UNIT PRICE	AMOUNT
	Pump Charge	1	EA	1400 ⁰⁰	1400 ⁰⁰
	Cement Bcn III 3% Bcn-A-1.25 lbs/sks Bcn-A-1	271	SKS	1825	4945 ⁷⁵
	Bely -1	5	QTS	752	37 ⁵²
	Dye	16	OZ	15 ⁰⁰	240 ⁰⁰
	Milage 150 per mile Round Trip 60 mi. min	3	EA	180 ⁰⁰	540 ⁰⁰
	Date Acc	1	EA	225 ⁰⁰	225 ⁰⁰

TOTAL	110824
SUB TOTAL	738895
TAX	29%
TOTAL	12875
TOTAL	141876

"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 1/4 % which is equal to an ANNUAL PERCENTAGE RATE OF 18%.

SUBJECT TO CORRECTION

Bison Oil Well Cementing, Inc. Representative

Customer or His Agent

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	3-14-12	WELL NAME	KY Blue	SECTION	05	TWP	3	RGE	65	COUNTY	WV	FORMATION	
------	---------	-----------	---------	---------	----	-----	---	-----	----	--------	----	-----------	--

CHARGE TO	Noble	OWNER	
MAILING ADDRESS	Noble	OPERATOR	Noble
CITY		CONTRACTOR	Ensign 12C
STATE ZIP CODE		DISTANCE TO LOCATION	
TIME ARRIVED ON LOCATION	11:30 P.M.	TIME LEFT LOCATION	3:30 AM

PERFORMANCES	TUBING DEPTH	TUBING WEIGHT	OPEN HOLE	STING	TUBING	PRESSURE LIMITATIONS	
						THEORETICAL	INSTRUCTED
HOLE SIZE	12 1/4	737.06					
TUBING DEPTH	785						
SHOTS/FT							
SURFACE PIPE ANNULUS LONG							

PRESSURE SUMMARY		TYPE OF TREATMENT		TREATMENT RATE	
BREAKDOWN or CIRCULATING	psi	AVERAGE	psi	INITIAL BPM	
FINAL DISPLACEMENT	psi	ISIP	psi	FINAL BPM	
ANNULUS	psi	5 MIN SIP	psi		
MAXIMUM	psi	15 MIN SIP	psi		
MINIMUM	psi				

INSTRUCTIONS PRIOR TO JOB		PRESSURE SUMMARY		TYPE OF TREATMENT		TREATMENT RATE	
Rig up, Saffmeyer, PSI TEST 500 PSI, Circ 50 Bbls H ₂ O/KCL mix and 10 Dye							
Mix Pump 332-5Ks Cement (30% Excess) 1.27 gals at 15-2/15 or until Compensate steps							
US, Release Plug Displace 4.9 Bbls H ₂ O Pump Plug at 150 PSI over 1/8" wait 10 min							
Release PSI, Wash up Rig Down							
Arrive 650 Cement 20 gals KCL, 16 oz Dye							

JOB SUMMARY		DESCRIPTION OF JOB EVENTS		TREATMENT RATE	
10 Bbls at 5-2 Bbls/m 2:11 AM 220 PSI					
30 Bbls at 5-2 Bbls/m 2:13 AM 270 PSI					
30 Bbls at 5-2 Bbls/m 2:15 AM 390 PSI					
40 Bbls at 3-1 Bbls/m 2:17 AM 370 PSI					
4.9 Bbls at 1-0 Bbls/m 2:21 AM 300 PSI					
Bump Plug 1-0 Bbls/m 2:21 AM 480 PSI					

JOB SUMMARY		DESCRIPTION OF JOB EVENTS		TREATMENT RATE	
Cement START 1:50 AM					
Cement STOP 2:04 AM					
Displace 2:07 AM					
Used 5 % Excess					
Used 271 Sks Cement					
6129 Slurry					
Flow Collar held					

JOB SUMMARY		DESCRIPTION OF JOB EVENTS		TREATMENT RATE	
10 Bbls at 5-2 Bbls/m 2:11 AM 220 PSI					
30 Bbls at 5-2 Bbls/m 2:13 AM 270 PSI					
30 Bbls at 5-2 Bbls/m 2:15 AM 390 PSI					
40 Bbls at 3-1 Bbls/m 2:17 AM 370 PSI					
4.9 Bbls at 1-0 Bbls/m 2:21 AM 300 PSI					
Bump Plug 1-0 Bbls/m 2:21 AM 480 PSI					

DATE	3-14-12	TITLE	WSS	AUTHORIZATION TO PROCEED	Roger Felt
------	---------	-------	-----	--------------------------	------------

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, CO 80202
303-296-3010
www.bisonoilwell.com



Cementing Customer Satisfaction Survey

Invoice Number	11451	Well Permit Number	645
Well Number	D 30 - 32	Lease	
Job Type	Surface Op.	Company Name	Nobac
Customer Representative	Roger Foster	Customer Phone Number	
Supervisor Name	Mike Rosalez	Employee Name	
Service Date	3-14-12	Invoice Amount	
Well Name	KR Blue	Well Location	WUE 49 T 30
County	Weld	SEC/TWP/RNG	25 - 3 - 65
State	CO	Total Exposure Hours	
Did we encounter any problems on this job? Yes / No	4	Did we encounter any problems on this job? Yes / No	4

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	3
Equipment	3
Job Design	3
Product / Material	3
Health & Safety	3
Environmental	3
Timeliness	3
Condition / Appearance	3
Communication	3
Improvement	0

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:

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?

Please Circle:

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

CUSTOMER SATISFACTION RATING

Opportunity
Best Practices
Potential Best Practice
Prevention/Improvement

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

3-14-12



1738 Wynkoop St., Ste. 11
Denver, Colorado 80202
Phone: 303-296-3010
Fax: 303-298-8143
E-mail: bisonoil1@qwestoffice.net

B.O.C. Tailgate Safety Meeting Report

INVOICE

11451

Date 3-14-12 Time 12:05 PM

Facility Name and Location RY Blue D 30-32 4th St

Nearest Emergency Medical Service Number (Other than 911) Grady

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)

☒ Positions of People ☒ Job Safety Analysis Reviewed (if applicable)

☒ Falling from Heights ☒ NORM or Other Radiation

☒ Slips/Trips/Falls ☒ Overhead work/suspended Loads/Chains/Slings

☒ Electrical Current ☒ Trapped Pressure

☒ Overexertion/Heavy Lifting ☒ Flammable/Combustible/Explosives

☒ Spills/Releases ☒ Pinch Points/Moving/Rotating Equipment

☒ Flying Particles ☒ Waste Handling/Disposal

☒ Overhead Power Lines ☒ Excavation Collapse

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

Eyes/Face

☒ Tinted Lenses

☒ Goggles

☒ Face Shield

☒ Hearing Protection

EMERGENCY PREPARATIONS

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

Additional Topics Covered: ☒ Mosquito Areas ☒ Communication Methods ☒ Means of Egress ☒ Emergency Equipment

Attendees (Signature)/Company

Attendees (Signature)/Company

Other Considerations and Field Notes: