



# BISON

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

## Invoice

Date	Invoice #
12/27/2011	10740

**FILE**

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

Location	Well Name & No.	Terms		Job Type	
Weld CO	Dechont D-31-28D	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%	Discount 15%			-15.00%	-210.00
MILEAGE	Mileage charge	360		1.50	540.00
Discount 15%	Discount 15%			-15.00%	-81.00
Data Acquisitio...	Data Acquisition Charge	1		225.00	225.00
Discount 15%	Discount 15%			-15.00%	-33.75
HOURS	Wait Time	4		250.00	1,000.00
	Subtotal of Services				2,840.25
BFN III Winter ...	BFN III Blend	421	Sack	18.25	7,683.25T
Discount 15%	Discount 15%			-15.00%	-1,152.49
KCL Mud Flush	(BHS 117)	5	qt	7.50	37.50T
Discount 15%	Discount 15%			-15.00%	-5.63
Dye - 4880	Dye (Hot Pink 4880)	16	oz	15.00	240.00T
Discount 15%	Discount 15%			-15.00%	-36.00
Sugar	Sugar	10	lb	2.00	20.00T
Discount 15%	Discount 15%			-15.00%	-3.00
	Subtotal of Materials				6,783.63

Please Remit Payment To:

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

<b>Subtotal</b>	\$9,623.88
<b>Sales Tax (2.9%)</b>	\$196.73
<b>Total</b>	\$9,820.61
<b>Balance Due</b>	\$9,820.61

## SERVICE INVOICE

№ 10740

WELL NO. AND FARM Dechant D-31-280		COUNTY Weld	STATE Co	DATE 12-27-11
CHARGE TO Noble		WELL LOCATION SEC. 30 TWP. 3 RANGE 64W		CONTRACTOR Ensign 128
		DELIVERED TO WCR 49+30		LOCATION 1 Shop
		SHIPPED VIA 3102		LOCATION 2 WCR 49+30
		TYPE AND PURPOSE OF JOB Surface Pipe		LOCATION 3 Shop
				WELL TYPE GAS

PRICE REFERENCE	DESCRIPTION	UNITS		UNIT PRICE	AMOUNT	
		QTY.	MEAS.			
	Pump Charge	1	E.A.	1400 <sup>00</sup>	1400	00
	Cement BFWUL-3% BOCA-1 .25 lbs BFLA-1	421	Sks	18 <sup>25</sup>	7683	25
	Bcky-1	5	QTS	7 <sup>50</sup>	37	50
	Dye	16	OZ	15 <sup>00</sup>	240	00
	Milage / 50 per mile, Round Trip 60 mile min	3	E.A.	180 <sup>00</sup>	540	00
	Date Ace	1	E.A.	225 <sup>00</sup>	225	00
	Sugar 10 lbs @ 2.00 pr lb	1	LBS	20 <sup>00</sup>	20	00
	4 hrs wait	4	Hrs	250 <sup>00</sup>	1000	00

(Total) \$1521.87

11-2271  
of Invoice

SUB TOTAL  
2.99 TAX

TOTAL

**SUBJECT TO CORRECTION**

Bison Oil Well Cementing, Inc. Representative

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

REF. INVOICE # 10740

LOCATION WCR 49 + 30

FOREMAN Mike Rosaler

## TREATMENT REPORT

DATE <u>12-27-11</u>	WELL NAME <u>Dechant D-31-28D</u>	SECTION <u>30</u>	TWP <u>3N</u>	RGE <u>64W</u>	COUNTY <u>U4d</u>	FORMATION
CHARGE TO <u>Noble</u>		OWNER				
MAILING ADDRESS		OPERATOR <u>Noble</u>				
CITY		CONTRACTOR <u>Ensign 128</u>				
STATE ZIP CODE		DISTANCE TO LOCATION				
TIME ARRIVED ON LOCATION <u>5:35</u>		TIME LEFT LOCATION <u>9:35</u>				

WELL DATA			PRESSURE LIMITATIONS		
HOLE SIZE <u>12 1/4</u>	TUBING SIZE	PERFORATIONS	THEORETICAL		INSTRUCTED
TOTAL DEPTH <u>838</u>	TUBING DEPTH	SHOTS/FT	SURFACE PIPE ANNULUS LONG		
<u>DBTP 784.98</u>	TUBING WEIGHT	OPEN HOLE	STRING		
CASING SIZE <u>8 5/8</u>	TUBING CONDITION		TUBING		
CASING DEPTH <u>828.98</u>	TREATMENT VIA	TYPE OF TREATMENT		TREATMENT RATE	
CASING WEIGHT <u>241BS</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	

PRESSURE SUMMARY			
BREAKDOWN or CIRCULATING	psi	AVERAGE	psi
FINAL DISPLACEMENT	psi	ISIP	psi
ANNULUS	psi	5 MIN SIP	psi
MAXIMUM	psi	15 MIN SIP	psi
MINIMUM	psi		

INSTRUCTIONS PRIOR TO JOB Rig up, Sattymeting, PSE Test 500 PSE Circ 50 BBLs KCL mix 2nd  
10 Dye, mix + Pump 355 SKs Cement (30% excess) yield 1.27 AT 15-2 IBS or until Company  
men stopper use Release Plug Displace 50 BBLs Bump Plug 150 over left wait 5min Release  
PSE Wash up Rig Down H2O Test Good

Arrived with 600 SKs Cement 10 qts KCL 1602 Dye Slurry 80.29

JOB SUMMARY  
 DESCRIPTION OF JOB EVENTS Sattymeting 1:30 Circ. 1:45 Cement 1:56  
Drop Plug 2:30 Displace 2:30

10 BBLs at 5-5 BBLs/lm 2:33 pm 380 PSE Used 54 % excess  
20 BBLs at 5-5 BBLs/lm 2:36 pm 370 PSE Used 421 SKs Cement  
30 BBLs at 5-5 BBLs/lm 2:38 pm 470 PSE 95.2 Slurry  
40 BBLs at 4-0 BBLs/lm 2:41 pm 420 PSE  
50 BBLs at 1-5 BBLs/lm 2:44 pm 300 PSE  
Bump Plug 1-5 BBLs/lm 2:44 pm 600 PSE  
Flow Collar held BBLs Back to P.T

Left with SKs Cement 5 qts KCL 1602 Dye (30)

MA AUTHORIZATION TO PROCEED TITLE DATE 12-27-11

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

INVOICE 10740

Date 12-27-11 Time 1:30 ☐ AM ☐ PM Meeting Facilitator Mike Rosaler  
Facility Name and Location Dechert D-31-280 Work to be Undertaken Surface Pipe  
Nearest Emergency Medical Service Number (Other than 911) Greely

### 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 checked="" type="checkbox"/> Job Safety Analysis Reviewed (if applicable) | <input type="checkbox"/> Hazardous Substance                    |
| <input checked="" 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 checked="" type="checkbox"/> Extreme Heat/Cold          | <input checked="" type="checkbox"/> Trapped Pressure                             | <input type="checkbox"/> Noise Levels                           |
| <input checked="" type="checkbox"/> Electrical Current         | <input checked="" type="checkbox"/> Flammable/Combustible/Explosives             | <input type="checkbox"/> Sharp Edges                            |
| <input checked="" type="checkbox"/> Overexertion/Heavy Lifting | <input type="checkbox"/> Pinch Points/Moving/Rotating Equipment                  | <input type="checkbox"/> Insects/Snakes/etc.                    |
| <input checked="" type="checkbox"/> Spills/Releases            | <input type="checkbox"/> Waste Handling/Disposal                                 | <input type="checkbox"/> MSDS's Reviewed                        |
| <input checked="" 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)

#### 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
<u>Mark Stenfield</u>	<u>[Signature]</u>
<u>[Signature]</u>	
<u>[Signature]</u>	
<u>[Signature]</u>	

Other Considerations and Field Notes:





Bison Oil Well Cementing, Inc  
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Denver, CO 80202  
303-296-3010  
www.Bisonoilwell.com

### Cementing Customer Satisfaction Survey

Service Date 12-27-11 Invoice Number 10740  
Invoice Amount \_\_\_\_\_ Well Permit Number \_\_\_\_\_  
Well Name Deecheat Well Type CAS  
Well Location well 49 F30 Well Number D-31 280  
County Weld Lease \_\_\_\_\_  
SEC/TWP/RNG 30-3N 64W Job Type Surfacer P.D.  
State CO Company Name Noble  
Supervisor Name Mike Rosah Customer Representative Brady  
Customer Phone Number \_\_\_\_\_  
Employee Name \_\_\_\_\_ Exposure Hours (Per Employee) 10  
LR 10  
mark 10  
Total Exposure Hours \_\_\_\_\_ Did we encounter any problems on this job? Yes ☒ 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

- |  |  |
|--|--|
| <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?

Additional Comments:

#### 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?

THE INFORMATION HEREIN IS CORRECT -

Customer Representative's Signature

Date

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

12-27-11