



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 Discount 15%	PUMP Charge-surface pipe Discount 15%	1		1,400.00 -15.00%	1,400.00 -210.00
MILEAGE Discount 15%	Mileage charge Discount 15%	360		1.50 -15.00%	540.00 -81.00
Data Acquisitio... Discount 15%	Data Acquisition Charge Discount 15%	1		225.00 -15.00%	225.00 -33.75
HOURS	Wait Time	4		250.00	1,000.00
	Subtotal of Services				2,840.25
BFN III Winter ... Discount 15%	BFN III Blend Discount 15%	421	Sack	18.25 -15.00%	7,683.25T -1,152.49
KCL Mud Flush Discount 15%	(BHS 117) Discount 15%	5	qt	7.50 -15.00%	37.50T -5.63
Dye - 4880 Discount 15%	Dye (Hot Pink 4880) Discount 15%	16	oz	15.00 -15.00%	240.00T -36.00
Sugar Discount 15%	Sugar Discount 15%	10	lb	2.00 -15.00%	20.00T -3.00
	Subtotal of Materials				6,783.63

Please Remit Payment To:

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

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

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>Utd</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		

		TREATMENT VIA		TYPE OF TREATMENT		TREATMENT RATE	
CASING DEPTH <u>828.98</u>				<input checked="" type="checkbox"/> SURFACE PIPE		BREAKDOWN BPM	
CASING WEIGHT <u>24185</u>	PACKER DEPTH			<input type="checkbox"/> PRODUCTION CASING		INITIAL BPM	
CASING CONDITION <u>Good</u>				<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	

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 lbs or until Company men stop us of 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 & Dye

M AUTHORIZATION TO PROCEED TITLE DATE 12-27-11

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.



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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 Rosalez
 Facility Name and Location Dechert D-31-280 Work to be Undertaken Surface Pipe
 Nearest Emergency Medical Service Number (Other than 911) Green

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 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 | Hands | Feet | Other |
| <input type="checkbox"/> Tinted Lenses | <input type="checkbox"/> Chemical Resistant Gloves | <input type="checkbox"/> Rubber Boots | <input type="checkbox"/> Air Purifying Respirator |
| <input type="checkbox"/> Goggles | <input type="checkbox"/> Heat Resistant Gloves | <input type="checkbox"/> Over Boots | <input type="checkbox"/> Supplied Air Respirator |
| <input type="checkbox"/> Faceshield | <input type="checkbox"/> Cotton or Leather Gloves | <input type="checkbox"/> Dielectric Boots | <input type="checkbox"/> Personal H2S Monitor (if in sour area) |
| <input type="checkbox"/> Hearing Protection | <input type="checkbox"/> Dielectric Gloves | <input type="checkbox"/> _____ | <input type="checkbox"/> Chemical Resistant Clothing |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | | <input type="checkbox"/> Personal Fall Arrest Systems |
| | | | <input type="checkbox"/> _____ |

EMERGENCY PREPARATIONS

- Muster Areas Communication Methods Means of Egress Emergency Equipment

Additional Topics Covered:

Attendees (Signature)/Company	Attendees (Signature)/Company
<u>Mark Stemfield</u>	<u>[Signature]</u>
<u>[Signature]</u>	
<u>[Signature]</u>	
<u>[Signature]</u>	

Other Considerations and Field Notes:



Bison Oil Well Cementing, Inc
 1738 Wynkoop St., Ste. 102
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 303-296-3010
 www.Bisonoilwell.com

Cementing Customer Satisfaction Survey

Service Date	<u>12-27-11</u>	Invoice Number	<u>10740</u>
Invoice Amount	_____	Well Permit Number	_____
Well Name	<u>Dechcat</u>	Well Type	<u>CAS</u>
Well Location	<u>well 49 F30</u>	Well Number	<u>D-31 280</u>
County	<u>Weld</u>	Lease	_____
SEC/TWP/RNG	<u>30-3N 64W</u>	Job Type	<u>Surtan Pipe</u>
State	<u>CO</u>	Company Name	<u>NOBLE</u>
Supervisor Name	<u>Mike Rosah</u>	Customer Representative	<u>Brady</u>
Employee Name	_____	Customer Phone Number	_____
		Exposure Hours (Per Employee)	<u>10</u>
			<u>10</u>
			<u>10</u>
Total Exposure Hours	_____	Did we encounter any problems on this job? Yes/No	<u>No</u>

LR
mark

To Be Completed By Customer

Rating/Description	Opportunity
5 - Superior Performance (Established new quality / performance standards)	Best Practices
4 - Exceeded Expectations (Provided more than what was required / expected)	Potential Best Practice
3 - Met Expectations (Did what was expected)	Prevention/Improvement
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	CUSTOMER SATISFACTION RATING
<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

12-27-11
 Date

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