



# BISON

## Invoice

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

| Date       | Invoice # |
|------------|-----------|
| 11/22/2011 | 10624     |

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

| Location           | Well Name & No.          | Terms  | Job Type |          |           |
|--------------------|--------------------------|--------|----------|----------|-----------|
| Weld CO            | Dechant D-30 24-D        | Net 30 | Surface  |          |           |
| 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    |
|                    | Subtotal of Services     |        |          |          | 1,840.25  |
| BFN III Winter ... | BFN III Blend            | 300    | Sack     | 18.25    | 5,475.00T |
| Discount 15%       | Discount 15%             |        |          | -15.00%  | -821.25   |
| 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    |
|                    | Subtotal of Materials    |        |          |          | 4,889.62  |
|                    |                          |        |          |          | 6,729.87  |

|  |                         |            |
|--|-------------------------|------------|
| Please Remit Payment To:   | <b>Subtotal</b>         | \$6,729.87 |
| Bison Oil Well Cementing, Inc.<br>P.O. Box 29671<br>Thornton, CO 80229 | <b>Sales Tax (2.9%)</b> | \$141.80   |
|  | <b>Total</b>            | \$6,871.67 |
|  | <b>Balance Due</b>      | \$6,871.67 |

# 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



## SERVICE INVOICE

Nº 10624

|  |  |  |                    |                                 |
|--|--|--|--------------------|---------------------------------|
| WELL NO. AND FARM<br><b>Dechant D-30 24-1</b>  |  | COUNTY<br><b>Weld</b>  | STATE<br><b>CO</b> | DATE<br><b>11-22-11</b>         |
| CHARGE TO<br><b>Noble</b>                      |  | WELL LOCATION<br>SEC. <b>30</b> TWP. <b>3</b> RANGE <b>64W</b> |                    | CONTRACTOR<br><b>Ensign 128</b> |
| DELIVERED TO<br><b>WCR 49+30</b>               |  | LOCATION<br><b>1 Shop</b>                                      |                    | CODE                            |
| SHIPPED VIA<br><b>3102 + 3204</b>              |  | LOCATION<br><b>2 WCR 49+30</b>                                 |                    | CODE                            |
| TYPE AND PURPOSE OF JOB<br><b>Surface Pipe</b> |  | LOCATION<br><b>3 Shop</b>                                      |                    | CODE                            |
|  |  | WELL TYPE<br><b>Gas</b>  |                    | CODE                            |

| PRICE REFERENCE | DESCRIPTION                                 | UNITS |       | UNIT PRICE         | AMOUNT             |
|-----------------|---|-------|-------|--------------------|--------------------|
|                 |   | QTY.  | MEAS. |                    |                    |
|                 | Pump Charge                                 | 1     | EA    | 1400 <sup>00</sup> | 1400 <sup>00</sup> |
|                 | Cement BFW III 3% BCCA-1 25 lbs / sk BFLA-1 | 300   | BKS   | 18 <sup>25</sup>   | 5475 <sup>80</sup> |
|                 | BCLY-1                                      | 5     | QTS   | 7 <sup>50</sup>    | 37 <sup>50</sup>   |
|                 | Dye   | 16    | OZ    | 15 <sup>00</sup>   | 240 <sup>00</sup>  |
|                 | Milage 150 per mile, Round trip 60 mile min | 3     | EA    | 180 <sup>00</sup>  | 540 <sup>00</sup>  |
|                 | Datc Acc                                    | 1     | EA    | 225 <sup>00</sup>  | 225 <sup>00</sup>  |

RIG NAME & NUMBER:  
**Ensign 128**

WELL NAME & NUMBER:  
**Dechant D30-24-1**

AEE NUMBER:  
**129968**

TASK (DRL, COMP, W/O, P&A):  
**Drilling**

EXP TYPE:  
**01.1**

ACTG CODE:  
**0017**

DOLLAR TOTAL BEING APPV'D:  
**1917.50**

FIELD AP: **1** Total Weight: **1** Loaded: **1**

TAX REFERENCES

ROUTE TO APPROVE:  
**Tyler Porter**

MAIL TO: NOBLE ENERGY INC.  
ATTN: ACCOUNTS PAYABLE  
"TAXES WILL BE ADDED AT CORPORATE OFFICE"  
DENVER, CO 80202  
NO INVOICE WILL BE PAID W/O 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%.

SUB TOTAL

2.9% TAX

TOTAL

SUBJECT TO CORRECTION

Customer or His Agent

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 # 10624  
LOCATION WCR 49+30  
FOREMAN Mike Rosalez  
CR + marks

## TREATMENT REPORT

| DATE     | WELL NAME         | SECTION | TWP | RGE | COUNTY | FORMATION |
|----------|-------------------|---------|-----|-----|--------|-----------|
| 11-22-11 | Dochent D-30 24-D | 30      | 3   | 64W | Weld   |           |

|                          |         |                      |            |
|--------------------------|---------|----------------------|------------|
| CHARGE TO                | Noble   | OWNER                |            |
| MAILING ADDRESS          |         | OPERATOR             | Noble      |
| CITY                     |         | CONTRACTOR           | Ensign 128 |
| STATE ZIP CODE           |         | DISTANCE TO LOCATION |            |
| TIME ARRIVED ON LOCATION | 3:30 AM | TIME LEFT LOCATION   | 10:00      |

| WELL DATA        |        |                  | PRESSURE LIMITATIONS |                           |            |
|------------------|--------|------------------|----------------------|---------------------------|------------|
| HOLE SIZE        | 12 1/4 | TUBING SIZE      |                      | THEORETICAL               | INSTRUCTED |
| TOTAL DEPTH      | 827    | TUBING DEPTH     |                      | SURFACE PIPE ANNULUS LONG |            |
| PERF             | 827    | PERF WEIGHT      |                      | STRING                    |            |
| CASING SIZE      | 8 5/8  | TUBING CONDITION |                      | TUBING                    |            |
| CASING DEPTH     | 827    | TREATMENT VIA    |                      | TYPE OF TREATMENT         |            |
| CASING WEIGHT    | 24 lbs | PACKER DEPTH     |                      | TREATMENT RATE            |            |
| CASING CONDITION | Good   |                  |                      | BREAKDOWN BPM             |            |

| PRESSURE SUMMARY         |     |            | TREATMENT RATE |                                  |
|--------------------------|-----|------------|----------------|----------------------------------|
| BREAKDOWN or CIRCULATING | psi | AVERAGE    | psi            | INITIAL BPM                      |
| FINAL DISPLACEMENT       | psi | ISIP       | psi            | FINAL BPM                        |
| ANNULUS                  | psi | 5 MIN SIP  | psi            | MINIMUM BPM                      |
| MAXIMUM                  | psi | 15 MIN SIP | psi            | MAXIMUM BPM                      |
| MINIMUM                  | psi |            |                | AVERAGE BPM                      |
|                          |     |            |                | HYD HHP = RATE X PRESSURE X 40.8 |

INSTRUCTIONS PRIOR TO JOB Rig up. Sattymecting, PSI TEST 500 PSI, Circulate 50 BBls H<sub>2</sub>O/KCL mix 2nd  
10 Dye, mix Pump 354 sks Cement (30% excess) yield 2.27 at 15-2 or until Company men  
Stopper us Release Plug Displace 49.7 BBls H<sub>2</sub>O. Bump Plug 150 PSI over left wait 5 min Release  
PSI, Washup Rig Down. H<sub>2</sub>O TEST GOOD

Arrived with 650 SKS, 10 gal KCL 16 oz Dye Slurry 80.0  
JOB SUMMARY  
DESCRIPTION OF JOB EVENTS Sattymecting 7:50 AM Circulate 8:28 AM Cement 8:38 AM  
Drop Plug 9:06 AM Displace 9:06 AM

10 BBls at 5-5 BBls/m 9:10 AM 280 PSI USED 10 % EXCESS  
20 BBls at 5-5 BBls/m 9:12 AM 370 PSI USED 300 SKS Cement  
30 BBls at 5-0 BBls/m 9:13 AM 480 PSI 628 Slurry  
40 BBls at 3-0 BBls/m 9:15 AM 380 PSI  
49.7 BBls at 1-0 BBls/m 9:21 AM 300 PSI  
Bump Plug 1-0 BBls/m 9:21 AM 530 PSI  
Flow Collar (held) BBls BACK

Left with 300 SKS Cement 11 gal KCL - 0 Dye

Tam Bann AUTHORIZATION TO PROCEED WSS TITLE 11-22-11 DATE

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

Date 11-22-11 Time 7:50

☐ AM ☐ PM

Meeting Facilitator Mike Rosalco

INVOICE 10624

Facility Name and Location Dechant D-30 24-0

Nearest Emergency Medical Service Number (Other than 911) 4939

Work to be Undertaken Surface Pipe

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<br><input checked="" type="checkbox"/> Falling from Heights<br><input checked="" type="checkbox"/> Slips/Trips/Falls<br><input checked="" type="checkbox"/> Extreme Heat/Cold<br><input checked="" type="checkbox"/> Electrical Current<br><input checked="" type="checkbox"/> Overexertion/Heavy Lifting<br><input checked="" type="checkbox"/> Spills/Releases<br><input checked="" type="checkbox"/> Flying Particles<br><input checked="" type="checkbox"/> Overhead Power Lines | <input checked="" type="checkbox"/> Job Safety Analysis Reviewed (if applicable)<br><input type="checkbox"/> NORM or Other Radiation<br><input type="checkbox"/> Overhead work/suspended Loads/Chains/Slings<br><input type="checkbox"/> Trapped Pressure<br><input type="checkbox"/> Flammable/Combustible/Explosives<br><input type="checkbox"/> Pinch Points/Moving/Rotating Equipment<br><input type="checkbox"/> Waste Handling/Disposal<br><input type="checkbox"/> Excavation Collapse<br><input type="checkbox"/> _____ | <input type="checkbox"/> Hazardous Substance<br><input type="checkbox"/> Hazardous Atmosphere<br><input type="checkbox"/> Walking/Working Surfaces<br><input type="checkbox"/> Noise Levels<br><input type="checkbox"/> Sharp Edges<br><input type="checkbox"/> Insects/Snakes/etc.<br><input type="checkbox"/> MSDS's Reviewed<br><input type="checkbox"/> Walk Around Site Assessment<br><input type="checkbox"/> _____ |
|--|---|---|

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

- |  |   |  |   |
|--|---|--|---|
| <b>Eyes/Face</b><br><input type="checkbox"/> Tinted Lenses<br><input type="checkbox"/> Goggles<br><input type="checkbox"/> Faceshield<br><input type="checkbox"/> Hearing Protection<br><input type="checkbox"/> _____ | <b>Hands</b><br><input type="checkbox"/> Chemical Resistant Gloves<br><input type="checkbox"/> Heat Resistant Gloves<br><input type="checkbox"/> Cotton or Leather Gloves<br><input type="checkbox"/> Dielectric Gloves<br><input type="checkbox"/> _____ | <b>Feet</b><br><input type="checkbox"/> Rubber Boots<br><input type="checkbox"/> Over Boots<br><input type="checkbox"/> Dielectric Boots<br><input type="checkbox"/> _____ | <b>Other</b><br><input type="checkbox"/> Air Purifying Respirator<br><input type="checkbox"/> Supplied Air Respirator<br><input type="checkbox"/> Personal H2S Monitor (if in sour area)<br><input type="checkbox"/> Chemical Resistant Clothing<br><input type="checkbox"/> Personal Fall Arrest Systems<br><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 Stant</u>             | <u>[Signature]</u>            |
| <u>[Signature]</u>            | <u>[Signature]</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  
Denver, CO 80202  
303-296-3010  
www.bisonoilwell.com



### Cementing Customer Satisfaction Survey

|   |              |
|---|--------------|
| Invoice Number                                    | 10624        |
| Well Permit Number                                | 645          |
| Well Type   | Gas          |
| Well Number                                       | B-30 24-D    |
| Lease   |              |
| Job Type  | Surface Pipe |
| Company Name                                      | Noble        |
| Customer Representative                           | Tom          |
| Customer Phone Number                             |              |
| Service Date                                      | 11-22-11     |
| Invoice Amount                                    |              |
| Well Name   | Dehgan       |
| Well Location                                     | Ln 49+30     |
| County  | Weld         |
| SEC/TWP/RNG                                       | 30-3 64W     |
| State   | Co           |
| Supervisor Name                                   | Mik Rosalie  |
| Employee Name                                     |              |
| Total Exposure Hours                              |              |
| Did we encounter any problems on this job? Yes/No | No           |

### 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 - 5
- Equipment - 5
- Job Design - 5
- Product / Material - 5
- Health & Safety - 5
- Environmental - 5
- Timeliness - 5
- Condition / Appearance - 5
- Communication - 5
- Improvement - 5

### CUSTOMER SATISFACTION RATING

- 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? 5

### 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

### Please Circle:

- Yes / No - Was a pre-job safety meeting held? Yes
- Yes / No - Was a job safety analysis completed? Yes
- Yes / No - Were emergency services discussed? Yes
- Yes / No - Did environmental incident occur? Yes
- Yes / No - Did any near misses occur? Yes

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

11-22-11