



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

Bill To	Noble Energy Inc. Attn: Accounting 1625 Broadway Ste 2000 Denver, CO 80202
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Date	4/25/2012
Invoice #	11480

Invoice

Location	Well Name & No.	Terms	Job Type
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Well, CO.	Timmerman C13-21D	Net 30	Surface Pump
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Item	Description	Qty	U/M	Rate	Amount
Pump surface	PUMP Charge-surface pipe	1		1,400.00	-210.00
Discount 15%				1.50	-81.00
MILEAGE	Mileage charge	360		225.00	-33.75
Discount 15%				1.50	-210.00
Data Acquisition ...	Data Acquisition Charge	1		225.00	-33.75
Discount 15%				1.50	-81.00
BFN III Winter ...	BFN III Blend	314	Sack	18.25	5,730.50T
Discount 15%				1.50	-859.58
KCL Mud Flush	(BHS 117)	4	qt	7.50	30.00T
Discount 15%				1.50	-81.00
Dye - 4880	Dye (Hot Pink 4880)	16	oz	15.00	240.00T
Discount 15%				1.50	-81.00
Subtotal of Materials					5,100.42

Please Remit Payment To:

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

Subtotal	\$6,940.67
Sales Tax (2.9%)	\$147.91
Total	\$7,088.58
Balance Due	\$7,088.58

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

№ 11480

WELL NO. AND FARM		Timmerman 0-13-21-1	
COUNTY	Weld	STATE	Co
WELL LOCATION	13	TWP.	2
SEC.	13	RANGE	24
CHARGE TO		Noble	
DELIVERED TO	WEL 49144		
SHIPPED VIA	WEL 49144		
TYPE AND PURPOSE OF JOB	8102 3204		
LOCATION	1	Shop	
LOCATION	2	WEL 49144	
LOCATION	3	Shop	
WELL TYPE	6HS		
CODE			
CONTRACTOR	Staxxon 143		
DATE	4-25-12		

PRICE REFERENCE	DESCRIPTION	UNITS	QTY.	MEAS.	UNIT PRICE	AMOUNT
	Pump Charge		1	EA	1400.00	1400.00
	Benton BFW 3% BCLA-1.05 lbs BCLA-1		314	515	18.25	5730.50
	BCLA-1		4	QTS	7.50	30.00
	Dye		16	QZ	15.00	240.00
	M. large 150 perm. Round Trip 60 min.		3	EA	180.00	540.00
	RIG NAME & NUMBER		1	EA	225.00	225.00
	WELL NAME & NUMBER					
	Timmerman 0-13-21-1					
	AFE NUMBER					
	135486					
	TASK (DRL COMP. W/O P&A)					
	1.1					
	EXP TYPE					
	17					
	ACTG CODE					
	DOLLAR TOTAL BEING APPLD					
	8165.50					
	DATE					
	4-25-12					
	ROUTE TO APPROVER					
	MAIL TO: NOBLE ENERGY INC.					
	ATTN: ACCOUNTS PAYABLE					
	1029 BROADWAY, SUITE 2200					
	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%.

"TAXES WILL BE ADDED AT CORPORATE OFFICE"

SUB TOTAL 2.9.1. TAX 147.91 TOTAL 7088.58

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	4-25-12	WELL NAME	Limestone G-13-21-0	SECTION	13	TWP	2	RGE	7E	COUNTY	Weld	FORMATION	
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CHARGE TO	Noble	OWNER	
MAILING ADDRESS		OPERATOR	Noble
CITY		CONTRACTOR	Saxon 143
STATE ZIP CODE		DISTANCE TO LOCATION	
TIME ARRIVED ON LOCATION	8:30	TIME LEFT LOCATION	10:30 AM

WELL DATA				PRESSURE LIMITATIONS			
HOLE SIZE	12 1/4	PERFORATIONS		THEORETICAL		INSTRUCTED	
TUBING DEPTH	803	SHOTS/FT		SURFACE PIPE ANNULUS LONG			
TUBING WEIGHT	738	OPEN HOLE		STRING			
CASING SIZE	8 5/8	TUBING CONDITION		TUBING			
CASING DEPTH	802	TREATMENT VIA		TYPE OF TREATMENT		TREATMENT RATE	
CASING WEIGHT	2410						
CASING CONDITION	6002						

PRESSURE SUMMARY				TYPE OF TREATMENT			
BREAKDOWN or CIRCULATING	psi	AVERAGE	psi	[] SOEZE CEMENT		FINAL BPM	
FINAL DISPLACEMENT	psi	ISIP	psi	[] ACID BREAKDOWN		MINIMUM BPM	
ANNULUS	psi	5 MIN SIP	psi	[] ACID STIMULATION		MAXIMUM BPM	
MAXIMUM	psi	15 MIN SIP	psi	[] ACID SPOTTING		AVERAGE BPM	
MINIMUM	psi			[] MISC PUMP			
				[] OTHER			

INSTRUCTIONS PRIOR TO JOB
 Rig up, Satisfactory, Post test 500 PSI, Circ 40 Bbls H₂O/Kil and
 10 Day mix + Pump 300 Skeltons (309 Excess) 1207 H₂O at 15-2 HRS or
 until Company may stop us. Release Plug Displace 47 Bbls the Pump Plug
 150 PSI over Jst, wait 10 min Release PSI Wash up the down slurry
 Arrived 10:00 AM, 10:27 H₂O Cement start 10:43 PM
 Cement stop 11:05 PM Door Plug 11:08 PM Displace 11:08 PM

10 Bbls of 5-5 Bbls 11:15 PM 290 PSI
 20 Bbls of 5-5 Bbls 11:17 PM 330 PSI
 30 Bbls of 5-5 Bbls 11:19 PM 410 PSI
 40 Bbls of 3-3 Bbls 11:21 PM 360 PSI
 47 Bbls of 1-0 Bbls 11:25 PM 330 PSI
 Pump Plug 1-0 Bbls 11:25 PM 520 PSI
 Bbls Bact & PJ

Left with 336 Skeltons 95 KIL & Dye
 11
 4-25-12
 AUTHORIZATION TO PROCEED
 TITLE
 DATE

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	11480
Well Permit Number	605
Well Type	2-13-21-D
Lease	
Job Type	Subsidiary
Company Name	Noble
Customer Representative	Mike
Customer Phone Number	
Supervisor Name	Mike Rosati
State	CO
Well Name	Timberline
Well Location	Well 49+44
County	Weld
SEC/TWP/RNG	13-2 4W
Service Date	4-25-12
Invoice Amount	
Employee Name	Mark
Total Exposure Hours	4
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

CUSTOMER SATISFACTION RATING

Personnel	Did our personnel perform to your satisfaction?
Equipment	Did our equipment perform to your satisfaction?
Job Design	Did we perform the job to the agreed upon design?
Product / Material	Did our products and materials perform as you expected?
Health & Safety	Did we perform in a safe and careful manner (Pre / post migs, PPE, TSMR, etc.)?
Environmental	Did we perform in an environmentally sound manner (Spills, leaks, cleanup, etc.)?
Timeliness	Was job performed as scheduled (On time to site, accessible to customer, completed when expected)?
Condition / Appearance	Did the equipment condition and appearance meet your expectation?
Communication	How well did our personnel communicate during mobilization, rig up, and job execution?
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?

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

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

Date

4/25/12



B.O.C. Tailgate Safety Meeting Report

INVOICE

11480

Meeting Facilitator

Mike Foster
Work to be Undertaken

Time

AM PM

Facility Name and Location

Timmons-137-21-0

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)

- ☒ Positions of People
- ☒ Falling from Heights
- ☒ Slips/Trips/Falls
- ☒ Extreme Heat/Cold
- ☒ Electrical Current
- ☒ Overexertion/Heavy Lifting
- ☒ Spills/Leaks
- ☒ Flying Particles
- ☒ Overhead Power Lines
- ☒ Trapped Pressure
- ☒ Flammable/Combustible/Explosives
- ☒ Pinch Points/Moving/Rotating Equipment
- ☒ Waste Handling/Disposal
- ☒ Excavation Collapse
- ☒ Job Safety Analysis Reviewed (if applicable)
- ☒ NORM or Other Radiation
- ☒ Overhead work/suspended Loads/Chains/Slings
- ☒ Trapped Pressure
- ☒ Hazardous Substance
- ☒ Hazardous Atmosphere
- ☒ Walking/Working Surfaces
- ☒ Noise Levels
- ☒ Sharp Edges
- ☒ Insects/Snakes/etc.
- ☒ MSD's Reviewed
- ☒ Walk Around Site Assessment

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
- ☒ Air Purifying Respirator
- ☒ Supplied Air Respirator
- ☒ Personal H2S Monitor (if in sour area)
- ☒ Chemical Resistant Clothing
- ☒ Personal Fall Arrest Systems
- ☒ Other

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:

Devin B. Bitt