



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

Date	4/24/2012
Invoice #	11500

Invoice

Location	Well Name & No.	Terms	Job Type
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Weld, CO.	Guttersen State D28-18D	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	1,400.00
Discount 15%				-15.00%	-210.00
MILEAGE	Mileage charge	360		1.50	540.00
Discount 15%				-15.00%	-81.00
Data Acquisition ...	Data Acquisition Charge	1		225.00	225.00
Discount 15%				-15.00%	-33.75
BFN III Winter ...	Subtotal of Services			18.25	1,840.25
Discount 15%				-15.00%	-276.04
KCL Mud Flush	BFN III Blend	311	Sack	7.50	2,332.50
Discount 15%				-15.00%	-350.88
Dye - 4880	(BHS 117)	5	qt	15.00	75.00
Discount 15%				-15.00%	-11.25
Sugar	Dye (Hot Pink 4880)	10	oz	2.00	20.00
Discount 15%				-15.00%	-3.00
Sugar	Subtotal of Materials	20	lb	2.00	40.00
Discount 15%				-15.00%	-6.00
					5,017.76

Subtotal	\$6,858.01
Sales Tax (2.9%)	\$145.52
Total	\$7,003.53
Balance Due	\$7,003.53

Please Remit Payment To:
Bison Oil Well Cementing, Inc.
P.O. Box 29671
Thornton, CO 80229

Customer or His Agent

1738 Wynkoop St., Ste. 102
Denver, Colorado 80202
Phone: 303-296-3010
Fax: 303-298-8143
E-mail: bisonoil1@guestoffice.net

21-112-11

13th Dec 6

6027c

10 BRS at 6.0 BRS/m 9.51pm 20psi
20 BRS at 6.0 BRS/m 9.52pm 35psi
30 BRS at 6.0 BRS/m 9.54pm 48psi
40 BRS at 3.5 BRS/m 9.56pm 45psi
47.3 BRS at 10.00pm 1.0 BRS/m 30psi
Bump Rls 10.00pm 58psi

Used 2046 Bars
Used 3115 KS remant
2013 B/B/S slurry

Deep Pits 9' 48 pm
Displace 9' 48 pm

INSTRUCTIONS PRIOR TO JOB
Rig up, set log mdring, Ps. dist, Per cement, C/R 50 5615 FLL H2C, 2nd 1001 Dye, mix
1/2 Pump 337 SKS cement at 30% excess at 127 yield at 152 lbs cement. All cement steps in, Release
Plog Disp 47.3 BRLS H2C, Bump Plug at 150 psi at 1.5 ft PSI, wait 5 min, Release PSI,
Washing Rig Down
Arrived w/ 600 SKS 4911 R/L 1602 Dye 76.2 BRLS slurry
JOB SUMMARY
DESCRIPTION OF JOB EVENTS
Set log mdring 9102 pm C/R 9122 pm cement 9130 pm Step cement 9146 pm

[illegible]

CHARGE TO	1231e	OWNER	
MAILING ADDRESS		OPERATOR	1231e
CITY		CONTRACTOR	1231e
STATE ZIP CODE		DISTANCE TO LOCATION	
TIME ARRIVED ON LOCATION	6:30pm	TIME LEFT LOCATION	10:45pm

WELL DATA

PRESSURE LIMITATIONS

DATE	WELL NAME	SECTION	TWP	RGE	COUNTY	FORMATION
4-21-12	Gustafson Sdste D28-18D	28	3N	64N	Weld	

TREATMENT REPORT

REF. INVOICE # 11450
LOCATION 34-53
FOREMAN Kirk Railhoff
Dario Pede crea

1738 Wynkoop St., Ste. 102
Denver, Colorado 80202
Phone: 303-296-3010
Fax: 303-298-8143
E-mail: bisonoil1@qwestoffice.net



BISON OIL WELL CEMENTING, INC.

Bison Oil Well Cementing, Inc
1738 Wynkoop St., Ste. 102
Denver, CO 80202
303-296-3010
www.bisonoilwell.com



Cementing Customer Satisfaction Survey

Service Date	4-24-12
Invoice Amount	
Well Name	Guthrie State D
Well Location	34-53
County	Weld
SEC/TWP/RNG	28-3N-64W
State	CO
Supervisor Name	Kirk Kallhoff
Employee Name	
Total Exposure Hours	
Did we encounter any problems on this job? Yes / (No)	

Invoice Number	11500
Well Permit Number	645
Well Type	28-18D
Lease	
Job Type	Surface Pipe
Company Name	Noble
Customer Representative	Shane Head
Customer Phone Number	

Exposure Hours (Per Employee)	4.25
	4.25
	4.25
	4.25

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

What can we do to improve our service?

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 migs, 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 ?

CUSTOMER SATISFACTION RATING

Please Circle:

Yes / No - Did an accident or injury occur? ☒ Yes / ☐ No

Yes / No - Did an injury requiring medical treatment occur? ☒ Yes / ☐ No

Yes / No - Did a first-aid injury occur? ☒ Yes / ☐ No

Yes / No - Did a vehicle accident occur? ☒ Yes / ☐ No

Yes / No - Was a post-job safety meeting held? ☒ Yes / ☐ No

Additional Comments:

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

4-24-12



B.O.C. Tailgate Safety Meeting Report

INVOICE 11450

Date 4-21-12 Time 9:02 AM to 12:00 PM Meeting Facilitator Kirk Kallhoff
Facility Name and Location GHT-HS State 228-1210 Work to be Undertaken Surface Pipe
Nearest Emergency Medical Service Number (Other than 911) 616-1210

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

ADDITIONAL PPE REQUIREMENT (based on the job specific hazards, check all that apply)
☐ Eyes/Face ☐ Hands ☐ Feet
☐ Tinted Lenses ☐ Chemical Resistant Gloves ☐ Rubber Boots
☐ Goggles ☐ Heat Resistant Gloves ☐ Over Boots
☐ Hearing Protection ☐ Cotton or Leather Gloves ☐ Dielectric Boots
☐ Additional Topics Covered: ☐ Communication Methods ☐ Means of Egress ☐ Emergency Equipment

EMERGENCY PREPARATIONS
☐ Muster Areas ☐ Communication Methods ☐ Means of Egress ☐ Emergency Equipment
Attendees (Signature)/Company
Attendees (Signature)/Company

Other Considerations and Field Notes: