



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	4/6/2012
Invoice #	11448

Invoice

Location	Well Name & No.	Terms	Job Type
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Well, CO.	Timmerman G13-32D	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				1,840.25
Discount 15%				-15.00%	-276.375
BFN III Blend	Discount 15%	279	Sack	18.25	5,091.75T
Discount 15%				-15.00%	-763.76
KCL Mud Flush	(BHS 117)	5	qt	7.50	37.50T
Discount 15%				-15.00%	-5.63
Dye - 4880	Dye (Hot Pink 4880)	10	oz	15.00	150.00T
Discount 15%				-15.00%	-22.50
Subtotal of Materials					4,487.36

Please Remit Payment To:

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

Subtotal	\$6,327.61
Sales Tax (2.9%)	\$130.13
Total	\$6,457.74
Balance Due	\$6,457.74

# 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

№ 11448

WELL NO. AND FARM

Timexco- G13-320

COUNTY

Weld

STATE

CO

WELL LOCATION

SEC. 13

TWP. 9N

RANGE 65W

CONTRACTOR

Scxon 143

DATE

9/6/12

TYPE AND PURPOSE OF JOB

3101-3206

WELL TYPE

3 Shop

LOCATION

2 49444

LOCATION

1 Shop

LOCATION

Scxon 143

PRICE REFERENCE

DESCRIPTION

UNITS

MEAS.

UNIT PRICE

AMOUNT

Pump Charge

1 each

1400.00

1400.00

BFA 3% BFA-1.25 lbs/sk BFLY-1

279 sks

18.25

5091.75

BCLY

5.05

75.00

37.50

Daye

10.02

15.00

150.00

Mileage @ 1.50/mi: 60 mi Min Roundtrip

3 each

180.00

540.00

DelaTec

1 each

225.00

225.00

RIG NAME & NUMBER

Scxon 143

WELL NAME & NUMBER

Timexco- G13-320

APE NUMBER

135488

TASK (DRL COMP. W/O. P&A)

Cement Surface

EXP TYPE

ACTG CODE

11 0017

Total Weight

Loaded Miles

Ton Miles

TAX REFERENCES

SUB TOTAL

2.9%

TAX

TOTAL

SUBJECT TO CORRECTION

Bison Oil Well Cementing, Inc. Representative

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.





**TREATMENT REPORT**

DATE	WELL NAME	SECTION	TWP	RGE	COUNTY	FORMATION
4/6/12	Temperman 613-320	13	4N	65W	Lucas	

CHARGE TO	MAILING ADDRESS	CITY	STATE ZIP CODE	TIME ARRIVED ON LOCATION
Noble	Noble	Wichita	KS 67201	11:30 am
OWNER	OPERATOR	CONTRACTOR	DISTANCE TO LOCATION	TIME LEFT LOCATION
	Noble	Saxon 143		6:00 pm

WELL DATA		PRESSURE LIMITATIONS	
HOLE SIZE	12 1/4"	THEORETICAL	INSTRUCTED
TUBING DEPTH	803'		
TUBING WEIGHT	838		
CASING DEPTH	793'		
CASING WEIGHT	24 lb		
CASING CONDITION	Good		
PRESSURE SUMMARY		TYPE OF TREATMENT	
BREAKDOWN or CIRCULATING	psi	TREATMENT RATE	
AVERAGE	psi		
ISIP	psi		
FINAL DISPLACEMENT	psi		
ANNUUS	psi		
MAXIMUM	psi		
MINIMUM	psi		
15 MIN SIP	psi		
5 MIN SIP	psi		
ACID STIMULATION	psi		
ACID BREAKDOWN	psi		
SOEZE CEMENT	psi		
PRODUCTION CASING	psi		
SURFACE PIPE	psi		
BREAKDOWN BPM			
INITIAL BPM			
FINAL BPM			
MINIMUM BPM			
MAXIMUM BPM			
AVERAGE BPM			
HYD HHP = RATE X PRESSURE X 40.8			

**INSTRUCTIONS PRIOR TO JOB**  
 Pump 340 sks cement at 30% excess at 15.2 lbs or until co-men stops vs. Release Plug disp 47.5 bbls H<sub>2</sub>O Pump Plug at 150 psi over 150 psi, wait 5 min release psi wash up rig down

**JOB SUMMARY**  
 Arrived w/ 600 sks cement 4 gal KCL, 1 lb bridge  
 Safety meeting 4:19 pm  
 Circ 4:38 pm  
 Pump Plug 5:02 pm  
 Stop cement 5:01 pm  
 Cement 4:46 pm  
 Dip 5:03 pm

**DESCRIPTION OF JOB EVENTS**  
 10 bbls at 180 psi 5:05 pm  
 20 bbls at 250 psi 5:07 pm  
 30 bbls at 350 psi 5:09 pm  
 40 bbls at 320 psi 5:11 pm  
 47.5 bbls at 320 psi 5:13 pm  
 Pump Plug 650 psi at 5:13 pm

AUTHORIZATION TO PROCEED	TITLE	DATE
		4/6/12

Left w/ 321 sks, 3 gal KCL, 6 oz dye  
 10015 Back 2



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	4/6/12
Invoice Amount	
Well Name	Trinity 6
Well Location	Weld
County	Weld
SEC/TWP/RNG	13 4N 65W
State	CO
Supervisor Name	Tucker L. Homan
Employee Name	
Exposure Hours (Per Employee)	
Invoice Number	11448
Well Permit Number	605
Well Type	13-32D
Lease	Surface Pipe
Job Type	NOOKS
Company Name	BRODGY
Customer Representative	
Customer Phone Number	

Did we encounter any problems on this job? Yes ☐ No ☒

### 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	

### CUSTOMER SATISFACTION RATING

RATING / CATEGORY	
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:

Additional Comments: Lead Job

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

4/6/12





# B.O.C. Tailgate Safety Meeting Report

INVOICE

11/14/18

Date 11/16/18 Time 4:19 PM  
Facility Name and Location  
Tucker Upholstery  
613 322 4444  
Work to be Undertaken  
Surface Prep

Nearest Emergency Medical Service Number (Other than 911)  
Tucker Upholstery  
613 322 4444  
Work to be Undertaken  
Surface Prep

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)  
Overhead work/suspended Loads/Chains/Slings  
Trapped Pressure  
Flammable/Combustible/Explosives  
Pinch Points/Moving/Rotating Equipment  
Waste Handling/Disposal  
Excavation Collapse

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

Other Considerations and Field Notes: