



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	5/24/2012
Invoice #	11027

Invoice

Location	Well Name & No.	Terms	Job Type
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Weld, CO.	Dechant State H36-24D	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%				-210.00	-210.00
MILEAGE	Mileage charge	360		1.50	540.00
Discount 15%				-81.00	-81.00
Data Acquisition ...	Data Acquisition Charge	1		225.00	225.00
Discount 15%				-33.75	-33.75
BFN III Summer ...	Subtotal of Services			1,840.25	1,840.25
Discount 15%				-276.04	-276.04
KCL Mud Flush	BFN III Blend	336	Sack	18.25	6,132.00T
Discount 15%				-919.80	-919.80
(BHS 117)	Discount 15%	5	qt	7.50	37.50T
Dye (Hot Pink 4880)	Discount 15%			-5.63	-5.63
Discount 15%				150.00T	150.00T
Dye - 4880	Discount 15%	10	oz	15.00	-22.50
Discount 15%				-15.00%	-15.00%
Subtotal of Materials				5,371.57	5,371.57

Please Remit Payment To:

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

Subtotal	\$7,211.82
Sales Tax (2.9%)	\$155.78
Total	\$7,367.60
Balance Due	\$7,367.60

BISON OIL WELL CEMENTING, INC.



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

SERVICE INVOICE

№ 11027

WELL NO. AND FARM		Duchant State H36-241D	
COUNTRY	STATE	WELL LOCATION	CHARGE TO
Weld	CO	TWP. 3N RANGE 65W	Sec. 36
DATE		CONTRACTOR	
5-24-12		Saxon 143	
LOCATION	CODE	LOCATION	CODE
1 Shop	1	2 49-30	2
LOCATION	CODE	LOCATION	CODE
3 Shop	3	WELL TYPE	CODE
6 in	6 in		
TYPE AND PURPOSE OF JOB		SURFACE PIPE	
3/03 - 3203			
SHIPPED VIA		49-30	
DELIVERED TO		3/03 - 3203	

PRICE REFERENCE	DESCRIPTION	UNITS	QTY.	MEAS.	UNIT PRICE	AMOUNT
	Phap change		1	each	1400.00	1400.00
	BFL III 3% BCCA-1.25 lbs per SK BFL A-1		336	SKS	18.35	6132.00
	Belly-1		5	ODS	7.50	37.50
	Dye		10	qt	15.00	150.00
	Mulch 1/20 per mile to be made on road trip		3	each	180.00	540.00
	RIG NAME & NUMBER		1	each	225.00	225.00
	WELL NAME & NUMBER					
	Duchant State H36-241D					
	APE NUMBER					
	136144					
	TASK (DRL COMP W/O P&A)					
	1/1					
	EXP TYPE					
	17					
	ACTG CODE					
	DOLLAR TOTAL BEING APVD.					
	8484.00					
	TOTAL					
	8484.00					
	FIELD REMOVAL					
	TAX REFERENCE					
	5-24-12					
	ROUTE TO APPROVER					
	MAIL TO: NOBLE ENERGY INC.					
	ATTN: ACCOUNTS PAYABLE					
	1625 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%.

MAIL TO: NOBLE ENERGY INC.
 ATTN: ACCOUNTS PAYABLE
 1625 BROADWAY SUITE 2200
 DENVER, CO 80202
 NO INVOICE WILL BE PAID W/O ALL
 ATTACHED SIGNED FIELD TICKETS

SUB TOTAL 8484.00
 TAX 2.9%
 TOTAL 8737.76

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	5-24-12	WELL NAME	Dodson State H36-241D
SECTION	36	TWP	3N
RGE	65W	COUNTY	weld
FORMATION			

OWNER	Operator N/Sie
CONTRACTOR	5470 1413
CITY	
STATE ZIP CODE	
TIME ARRIVED ON LOCATION	6:00am
TIME LEFT LOCATION	8:30am
DISTANCE TO LOCATION	
PRESSURE LIMITATIONS	

WELL DATA	
HOLE SIZE	12 1/4
TUBING SIZE	8 1/2
TUBING DEPTH	815
TUBING WEIGHT	87.3
TUBING CONDITION	25/8
CASING DEPTH	811
CASING WEIGHT	2415
CASING CONDITION	Good
PRESSURE SUMMARY	
BREAKDOWN or CIRCULATING	psi
AVERAGE	psi
ISIP	psi
FINAL DISPLACEMENT	psi
ANNULUS	psi
5 MIN SIP	psi
15 MIN SIP	psi
MAXIMUM	psi
MINIMUM	psi
TYPE OF TREATMENT	
BREAKDOWN BPM	
INITIAL BPM	
FINAL BPM	
SOEZE CEMENT	
ACID BREAKDOWN	
ACID STIMULATION	
ACID SPOTTING	
MISC PUMP	
OTHER	
TREATMENT RATE	
INSTRUCTED	
THEORETICAL	
SURFACE PIPE ANNULLUS LONG	
SHOTS/FT	
OPEN HOLE	
TUBING	

INSTRUCTIONS PRIOR TO JOB
 Rig set, safety meeting, B. test, Per comm, circ 50 BRLS per H2O 2nd 1000 yds
 mix 378 sacks cement at 300 lbs excess of 1.77 yield of 15.2 lbs cement sacks, release
 plug disp 47.3 BRLS H2O, 1300 yds, plug at 150 psi over 1.77 yield of 15.2 lbs cement sacks, release
 plug down
 Arrived at 7:00 AM cement 4500 lbs 1000 yds
 JOB SUMMARY
 DESCRIPTION OF JOB EVENTS
 Safety meeting, 6:40 am circ 7:00 am cement 7:00 am stop cement 7:12 am
 Displace 7:29 am Displace 7:29 am
 10 BRLS at 7:32 am 250psi 6 BRLS
 20 BRLS at 7:33 am 400psi 6 BRLS
 30 BRLS at 7:35 am 500psi 6 BRLS
 40 BRLS at 7:36 am 400psi 3.5 BRLS
 47.3 BRLS at 7:40 am 300psi 1.0 BRLS
 Plug plug 7:40 am 500psi

1500 2696 excess
 used 336 sacks cement
 75.9 BRLS slurry

DATE	5-24-12
TITLE	Blank 414 SKS cement 2500 sacks 1000 yds
DATE	5-24-12

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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	5-24-12
Invoice Amount	
Well Name	Dehland state H
Well Location	49-30
County	Weld
SEC/TWP/RNG	36-32-65W
State	CO
Supervisor Name	Mike Kallala
Employee Name	
Exposure Hours (Per Employee)	2.5
Invoice Number	11627
Well Permit Number	625
Well Type	36-241D
Lease	
Job Type	5 1/2" Pipe
Company Name	Wells
Customer Representative	Mike K
Customer Phone Number	

Did we encounter any problems on this job? Yes ☒ 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 -
- Equipment -
- Job Design -
- Product / Material -
- Health & Safety -
- Environmental -
- Timeliness -
- Condition / Appearance -
- Communication -
- Improvement -

CUSTOMER SATISFACTION RATING

- 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 mtgs, 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?
- What can we do to improve our service?

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?

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:

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

5-24-12

B.O.C. Tailgate Safety Meeting Report

1738 Wynkoop St., Ste. 10
Denver, Colorado 80202
Phone: 303-296-3010
Fax: 303-298-8143
E-mail: bisonsbill@qwestoffice.net



Date 5-24-12 Time 6:40 AM ☒ PM ☐
Facility Name and Location Detrend stock H36-2411
Nearest Emergency Medical Service Number (Other than 911) 6042
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

HAZARD IDENTIFICATION AND SAFETY BRIEFING DISCUSSION (Check and Discuss all Relevant Hazards)
☐ Flame Resistant Clothing ☐ New on Job Review ☐ Onsite Orientation ☐ Other (specify) _____

☐ Hazardous Substance ☐ Walking/Working Surfaces ☐ Sharp Edges ☐ Noise Levels ☐ Insects/Snakes/etc. ☐ MSDS's Reviewed ☐ Walk Around Site Assessment
☐ Trapped Pressure ☐ Overhead work/suspended Loads/Chains/Slings ☐ NORM or Other Radiation ☐ Job Safety Analysis Reviewed (if applicable)
☐ Flammable/Combustible/Explosives ☐ Frinch Points/Moving/Rotating Equipment ☐ Waste Handling/Disposal ☐ Excavation Collapse

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

Eyes/Face
☐ Untinted 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
[Signature] [Signature]
Other Considerations and Field Notes:
90Xm 143

INVOICE 11012