



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	5/18/2012
Invoice #	11529

Invoice

Location	Well Name & No.	Terms	Job Type
Well, CO.	Dechant H36-33D	Net 30	Surface Pump

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	Milage 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 Summer ...	Subtotal of Services			1,840.25	1,840.25
Discount 15%				-15.00%	-276.04
KCL Mud Flush	BFN III Blend	336	Sack	18.25	6,132.00
Discount 15%				-15.00%	-919.80
Dye - 4880	Dye (Hot Pink 4880)	5	qt	7.50	37.50
Discount 15%				-15.00%	-5.63
Subtotal of Materials	Subtotal of Materials	16	oz	15.00	240.00
Discount 15%				-15.00%	-36.00
					5,448.07

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

Subtotal	\$7,288.32
Sales Tax (2.9%)	\$157.99
Total	\$7,446.31
Balance Due	\$7,446.31

Bison Oil Well Cementing, Inc. Representative

Customer or His Agent

SUBJECT TO CORRECTION

RIG NAME & NUMBER: Saxon 143 36	WELL NAME & NUMBER: Dachtan 5th 113	AFE NUMBER: 132145	TASK (DRL COMP W/O P&A): 1/1	EXP TYPE: 17	ACTG CODE: 17	Loading Total Weight
TAX REFERENCES 8574.50			FIELD APPROVAL DATE 5-18-12		ROUTE TO APPROVER TAXES WILL BE ADDED AT CORPORATE OFFICE	
MAIL TO: NOBLE ENERGY, INC. ATTN: ACCOUNTS PAYABLE 1925 BROADWAY, SUITE 2200 DENVER, CO 80202 NO INVOICE WILL BE PAID W/O ALL ATTACHED 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 1.8%.

WELL NO. AND FARM		Beckman H36-3310		CHARGE TO		Noble	
COUNTY	Word	STATE	CO	WELL LOCATION		SEC. 34	
DATE		5/18/12		CONTRACTOR		Saxon 143	
LOCATION		1 Saxon 143		LOCATION		1 Saxon 143	
LOCATION		2 49830		LOCATION		2 49830	
LOCATION		3 Saxon 143		WELL TYPE		657	
CODE				CODE			
CODE				CODE			
CODE				CODE			
PRICE REFERENCE		DESCRIPTION		QTY.	MEAS.	UNITS	AMOUNT
Pump Charge		1 ea		1			1400
BFA 3% BFA-125 lbs/5k BFA-1		300		300	SL		1825
BFA 3% BFA-125 lbs/5k BFA-1		5		5	Q		750
Daye		16		16	Q		240
Mileage @ 150/m: 60 mi min Round trip		3		3	Q		180
Water Tec		1 ea		1	ea		225
Top 30		96		96	SL		657
WELL NAME & NUMBER		Saxon 143		WELL NAME & NUMBER		Dachtel 1136-3310	
APE NUMBER		132145		TASK (DRL COMP. W/O P&A)		1.1	
EXP. TYPE		17		ACTG CODE			
DOL. (DRL COMP. W/O P&A)		17		TAX REFERENCES		8574.50	
FIELD APPROVAL DATE		5-18-12		ROUTE TO APPROVER			
MAIL TO: NOBLE ENERGY INC.		ATTN: ACCOUNTS PAYABLE		1625 BROADWAY, SUITE 2200		DENVER, CO 80202	
TAXES WILL BE ADDED AT CORPORATE OFFICE							
TOTAL		1086.18		SUB TOTAL		8574.50	
TAX		29.1		TOTAL		7446.31	

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



BISON OIL WELL CEMENTING, INC.

SERVICE INVOICE

No. 11529

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	5/17/12	WELL NAME	Richard H34-33P
SECTION	36	TWP	3N
RGE	65W	COUNTY	Weld
FORMATION			

CHARGE TO	Noble
Mailing Address	
CITY	
STATE ZIP CODE	
TIME ARRIVED ON LOCATION	11:30 am
TIME LEFT LOCATION	3:00 pm
DISTANCE TO LOCATION	
CONTRACTOR	Saxon 143
OPERATOR	Noble
OWNER	

WELL DATA	
HOLE SIZE	12 1/4
TUBING SIZE	7 9/16
TUBING DEPTH	795
TUBING WEIGHT	24.7
TUBING CONDITION	Good
CASING SIZE	8 5/8
CASING DEPTH	791
CASING WEIGHT	24.6
CASING CONDITION	Good
PRESSURE SUMMARY	
BREAKDOWN or CIRCULATING	psi
AVERAGE	psi
ISIP	psi
ACID STIMULATION	psi
ACID BREAKDOWN	psi
SOEZE CEMENT	psi
TYPE OF TREATMENT	
BREAKDOWN BPM	
INITIAL BPM	
FINAL BPM	
MINIMUM BPM	
MAXIMUM BPM	
AVERAGE BPM	
ACID SPOTTING	
MISC PUMP	
OTHER	
TREATMENT RATE	
INSTRUCTED	
THEORETICAL	
TUBING	
STRING	
SURFACE PIPE ANNULUS LONG	

INSTRUCTIONS PRIOR TO JOB	
Right safety meeting PSI test per cement cure. 100 lbs KCL H2O and 10 w/dye mix. 100 lbs cement at 30% excess at 1.27 yield at 15.2 lbs or until cement stops vs. release plug. 100 lbs H2O Pump Plug 150 psi over 100 psi wait 5 min. release psi. Washup rig down. H2O test ok.	
Amend w/ 650 gals cement 11 gal KCL H2O day	
75.9 gals slurry	
Cement 13.51	
Drop Plug 1111	
Circ 13.40	
Safety meeting 12:11 pm	
Stop cement 1:08	

JOB SUMMARY	
DESCRIPTION OF JOB EVENTS	
10 bbls at 1.15	180 psi
20 bbls at 1.15	200
30 bbls at 1.17	300
40 bbls at 1.19	320
47.5 bbls at 1.24	320
Top Job	
36 gals cement	8.1 bbls slurry
Gals back 0	

DATE		5/18/12
TITLE		
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.		

REF. INVOICE #	11529
LOCATION	49430
FOREMAN	Pat. Rich



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	5/17/12
Invoice Amount	
Well Name	Dehant #
Well Location	Well 30
County	36
SEC/TWP/RNG	36 34 65W
State	Nebraska
Supervisor Name	Lucy Lohmeyer
Employee Name	
Total Exposure Hours	
Did we encounter any problems on this job? Yes / No	Yes

Invoice Number	11529
Well Permit Number	665
Well Type	36-330
Lease	Surface Pipe
Job Type	Noble
Company Name	Noble
Customer Representative	Noble
Customer Phone Number	

Exposure Hours (Per Employee)

33

- 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**
- Please Circle:
- Personnel -
 - Equipment -
 - Job Design -
 - Product / Material -
 - Health & Safety -
 - Environmental -
 - Timeliness -
 - Condition / Appearance -
 - Communication -
 - Improvement -
- 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?
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?

Additional Comments:

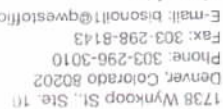
THE INFORMATION HEREIN IS CORRECT -

Customer Representative's Signature

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

Date

5/18/12



INVOICE 11529

Date 5/18/12 Time 12:11 ☐ AM ☒ PM Meeting Facilitator Arke Lehoucq Work to be Undertaken Surface Pipe Facility Name and Location DeWalt H36-330 49950 Nearest Emergency Medical Service Number (Other than 911) 607-311-1111

MINIMUM STANDARDS REQUIREMENT VERIFICATION (must be verified for all members of a work party)

☐ Flame Resistant Clothing ☐ New on Job Review ☐ Onsite Orientation ☐ Other (specify) _____

HAZARD IDENTIFICATION AND SAFETY BRIEFING DISCUSSION (Check and Discuss all Relevant Hazards)

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

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

EMERGENCY PREPARATIONS

☒ Muster Areas ☒ Communication Methods ☒ Means of Egress ☒ Emergency Equipment

Additional topics covered:

Attendees (Signatures)/Company

Employees (signature/company)

De. H/Em

1001121211

Other Considerations and Field Notes: