



BISON

Invoice

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

Date	Invoice #
6/2/2011	9800

Bill To
Noble Energy Inc. Attn: Accounting 1625 Broadway Ste 2000 Denver, CO 80202

Location	Well Name & No.	Job Type	Terms	Rig	
Weld, CO	Booth N 25-24D	Surface	Net 30		
Item	Description	Qty	U/M	Rate	Amount
Pump surface Discount 15%	PUMP Charge-surface pipe Discount 15%	1		1,400.00 -15.00%	1,400.00 -210.00
MILEAGE Discount 15%	Mileage charge Discount 15%	360		1.50 -15.00%	540.00 -81.00
Data Acquisitio... Discount 15%	Data Acquisition Charge Discount 15%	1		225.00 -15.00%	225.00 -33.75
HOURS	Wait Time Subtotal of Services	0.5		250.00	125.00 1,965.25
BFN III Discount 15%	BFN III Blend Discount 15%	273	Sack	18.25 -15.00%	4,982.25T -747.34
KCL Mud Flush Discount 15%	(BHS 117) Discount 15%	5	qt	7.50 -15.00%	37.50T -5.63
Dye - 4880 Discount 15%	Dye (Hot Pink 4880) Discount 15%	16	oz	15.00 -15.00%	240.00T -36.00
	Subtotal of Materials				4,470.78
					6,436.03

Please Remit Invoices To:

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

Subtotal	\$6,436.03
Sales Tax (2.9%)	\$129.65
Total	\$6,565.68
Balance Due	\$6,565.68

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

Nº 9800

WELL NO. AND FARM <i>Booth N 25-24D</i>	COUNTY <i>Weld</i>	STATE <i>Colo.</i>	DATE <i>6-2-11</i>
CHARGE TO <i>Noble</i>	WELL LOCATION SEC. <i>25</i> TWP. <i>5N</i> RANGE <i>67W</i>		CONTRACTOR <i>SAXON Rig 143</i>
DELIVERED TO <i>Hwy 257 + 52</i>		LOCATION <i>1 Shop</i>	CODE
SHIPPED VIA <i>3103/3203</i>		LOCATION <i>2 Hwy 257+52</i>	CODE
TYPE AND PURPOSE OF JOB <i>SURFACE PIPE</i>		LOCATION <i>3 Shop</i>	CODE
		WELL TYPE <i>GAS</i>	CODE

PRICE REFERENCE	DESCRIPTION	UNITS		UNIT PRICE	AMOUNT
		QTY.	MEAS.		
	<i>Pump Charge</i>	<i>1</i>	<i>EA.</i>	<i>1400.00</i>	<i>1400 00</i>
	<i>BFN III 3% BCCA-1 .25 lbs/sk BFLA-1</i>	<i>273</i>	<i>SKs.</i>	<i>18.25</i>	<i>4982 25</i>
	<i>BCLY-1</i>	<i>5</i>	<i>Qts.</i>	<i>7.50</i>	<i>37 50</i>
	<i>Dye</i>	<i>16</i>	<i>OZ.</i>	<i>15.00</i>	<i>240 00</i>
	<i>Mileage 150 mile 60 mile min. Round Trip</i>	<i>3</i>	<i>EA.</i>	<i>180.00</i>	<i>540 00</i>
	<i>Data Int.</i>	<i>1</i>	<i>EA.</i>	<i>225.00</i>	<i>225 00</i>
	<i>Waiting Time</i>	<i>1/2</i>	<i>HR</i>	<i>250.00</i>	<i>125 00</i>

RIG NAME & NUMBER:
Saxon 143

WELL NAME & NUMBER:
Booth N 25-24D

WFE NUMBER:
127015

TASK (DRL, COMP., W/O, P&A):
L.1

EXP TYPE:
17

ACTG CODE:

DOLLAR TOTAL BEING APP'VD
7549.75

TAX REFERENCES

FIELD APPROVAL DATE:
[Signature] 6-2-11

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

Total Weight: _____ Loaded Miles: _____ Ton Miles: _____

(111372)
SUB TOTAL *7549.75*
TAX *129.65*
TOTAL *1516.48*

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"

SUBJECT TO CORRECTION

[Signature] Customer or His Agent *[Signature]* Bison Oil Well Cementing, Inc. Representative

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.

BISON OIL WELL CEMENTING, INC.



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 Fax: 303-298-8143
 E-mail: bisonoil1@qwestoffice.net

REF. INVOICE # 9800

LOCATION Hwy 257 + 52

FOREMAN Calvin Reimers

TREATMENT REPORT

DATE	WELL NAME	SECTION	TWP	RGE	COUNTY	FORMATION
6-2-11	Booth N 25-24D	25	5N	67W	Weld	

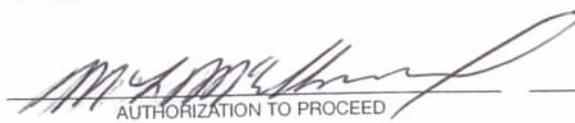
CHARGE TO <u>Noble</u>	OWNER
MAILING ADDRESS	OPERATOR <u>Noble</u>
CITY	CONTRACTOR <u>Saxon Rig 143</u>
STATE ZIP CODE	DISTANCE TO LOCATION
TIME ARRIVED ON LOCATION <u>4:30 pm.</u>	TIME LEFT LOCATION <u>10:30 pm.</u>

WELL DATA			PRESSURE LIMITATIONS		
HOLE SIZE	TUBING SIZE	PERFORATIONS		THEORETICAL	INSTRUCTED
<u>12 1/4</u>					
TOTAL DEPTH <u>838</u>	TUBING DEPTH	SHOTS/FT	SURFACE PIPE ANNULUS LONG		
<u>PBTD 789.26</u>	TUBING WEIGHT	OPEN HOLE	STRING		
CASING SIZE <u>8 7/8</u>	TUBING CONDITION		TUBING		

PRESSURE SUMMARY			TYPE OF TREATMENT		TREATMENT RATE	
BREAKDOWN or CIRCULATING	psi	AVERAGE	psi	<input checked="" type="checkbox"/> SURFACE PIPE	BREAKDOWN BPM	
FINAL DISPLACEMENT	psi	ISIP	psi	<input type="checkbox"/> PRODUCTION CASING	INITIAL BPM	
ANNULUS	psi	5 MIN SIP	psi	<input type="checkbox"/> SQUEEZE CEMENT	FINAL BPM	
MAXIMUM	psi	15 MIN SIP	psi	<input type="checkbox"/> ACID BREAKDOWN	MINIMUM BPM	
MINIMUM	psi			<input type="checkbox"/> ACID STIMULATION	MAXIMUM BPM	
				<input type="checkbox"/> ACID SPOTTING	AVERAGE BPM	
				<input type="checkbox"/> MISC PUMP		
				<input type="checkbox"/> OTHER	HYD HHP = RATE X PRESSURE X 40.8	

INSTRUCTIONS PRIOR TO JOB Rig up, Safety meeting, per Company Man, Circ 50 bbls H₂O with KCL + Dye x 16 in 2nd 10 bbls, Mix + pump tell Dye is seen then pump Tub only at 15.2 lbs i. 27 yield, Drop plug, Displace 50.2 bbls H₂O, Bump Plug at 150 Psi over Lift Psi, Wait 5 min then bleed off Psi, Wash up, Rig down, H₂O tested good, We have 700 sks, 32 oz Dye, 20 qts KCL,

JOB SUMMARY
 DESCRIPTION OF JOB EVENTS Safety meeting 8:32 pm, Circ 9:06 pm, Cement 9:14 pm to 9:29 pm
Drop Plug 9:30 pm Displace 9:31 pm
10 bbls 250 Psi 9:34 pm 7.0 bbls/m
20 bbls 290 Psi 9:36 pm 7.0 bbls/m
30 bbls 320 Psi 9:38 pm 7.0 bbls/m
40 bbls 380 Psi 9:40 pm 5.0 bbls/m
50.2 bbls 400 Psi 9:43 pm 1.0 bbls/m
Bump Plug 600 Psi at 9:43 pm Float Collar Held
USED 0% Excess = 273 SKS, 61.74 bbls Slurry
AVG CEMENT 4.11 bbls/m
Left with 427 SKS, 16 oz Dye, 15 qts KCL
5 bbls Slurry To the Pit

 _____ TITLE _____ DATE 6-2-11

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B.O.C. Tailgate Safety Meeting Report

INVOICE 9800

Date 6-2-11 Time _____ AM PM Meeting Facilitator CALVIN REIMERS
 Facility Name and Location Booth N 25-24D Work to be Undertaken SURFACE PPE
 Nearest Emergency Medical Service Number (Other than 911) GREELEY

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)

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

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

- | | | | |
|---|--|---|---|
| Eyes/Face | Hands | Feet | Other |
| <input type="checkbox"/> Tinted Lenses | <input type="checkbox"/> Chemical Resistant Gloves | <input type="checkbox"/> Rubber Boots | <input type="checkbox"/> Air Purifying Respirator |
| <input type="checkbox"/> Goggles | <input type="checkbox"/> Heat Resistant Gloves | <input type="checkbox"/> Over Boots | <input type="checkbox"/> Supplied Air Respirator |
| <input type="checkbox"/> Faceshield | <input type="checkbox"/> Cotton or Leather Gloves | <input type="checkbox"/> Dielectric Boots | <input type="checkbox"/> Personal H2S Monitor (if in sour area) |
| <input type="checkbox"/> Hearing Protection | <input type="checkbox"/> Dielectric Gloves | <input type="checkbox"/> _____ | <input type="checkbox"/> Chemical Resistant Clothing |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | | <input type="checkbox"/> Personal Fall Arrest Systems |
| | | | <input type="checkbox"/> _____ |

EMERGENCY PREPARATIONS

- Muster Areas Communication Methods Means of Egress Emergency Equipment

Additional Topics Covered:

Attendees (Signature)/Company	Attendees (Signature)/Company
<u>Calvin Reimers</u> - BISON	<u>Mr. [Signature]</u> - NE
<u>[Signature]</u> - BISON	<u>[Signature]</u>
<u>[Signature]</u>	<u>[Signature]</u>

Other Considerations and Field Notes: _____



Bison Oil Well Cementing, Inc
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 www.Bisonoilwell.com

Cementing Customer Satisfaction Survey

Service Date	<u>6-2-11</u>	Invoice Number	<u>9800</u>
Invoice Amount	_____	Well Permit Number	_____
Well Name	<u>Booth N</u>	Well Type	<u>GAS</u>
Well Location	<u>Hwy 257 + 52</u>	Well Number	<u>25-24D</u>
County	<u>Weld</u>	Lease	_____
SEC/TWPI/RNG	<u>25-5N-67W</u>	Job Type	<u>SURFACE PIPE</u>
State	<u>Colo.</u>	Company Name	<u>Noble</u>
Supervisor Name	<u>CALVIN REIMERS</u>	Customer Representative	<u>MIKE Mc.</u>
Employee Name	_____	Customer Phone Number	_____
<u>TUCKER L.</u>	_____	Exposure Hours (Per Employee)	_____
<u>DARIO H.</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Exposure Hours	_____	Did we encounter any problems on this job? Yes <input type="radio"/> No <input checked="" type="radio"/>	

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 | |

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 mtgs, 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:	Please Circle:
Yes / No - Did an accident or injury occur?	Yes / No - Was a pre-job safety meeting held?
Yes / No - Did an injury requiring medical treatment occur?	Yes / No - Was a job safety analysis completed?
Yes / No - Did a first-aid injury occur?	Yes / No - Were emergency services discussed?
Yes / No - Did a vehicle accident occur?	Yes / No - Did environmental incident occur?
Yes / No - Was a post-job safety meeting held?	Yes / No - Did any near misses occur?
Additional Comments:	

THE INFORMATION HEREIN IS CORRECT -

Mike Mc. _____ 6-2-11
 Customer Representative's Signature Date

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