



BISON

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

Invoice

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	PUMP Charge-surface pipe	1		1,400.00	1,400.00
Discount 15%	Discount 15%			-15.00%	-210.00
MILEAGE	Mileage charge	360		1.50	540.00
Discount 15%	Discount 15%			-15.00%	-81.00
Data Acquisitio...	Data Acquisition Charge	1		225.00	225.00
Discount 15%	Discount 15%			-15.00%	-33.75
HOURS	Wait Time	0.5		250.00	125.00
	Subtotal of Services				1,965.25
BFN III	BFN III Blend	273	Sack	18.25	4,982.25T
Discount 15%	Discount 15%			-15.00%	-747.34
KCL Mud Flush	(BHS 117)	5	qt	7.50	37.50T
Discount 15%	Discount 15%			-15.00%	-5.63
Dye - 4880	Dye (Hot Pink 4880)	16	oz	15.00	240.00T
Discount 15%	Discount 15%			-15.00%	-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 1/2/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: <i>Saxon 143</i>	
WELL NAME & NUMBER: <i>Booth N 25-24D</i>	
WFE NUMBER <i>127015</i>	
TASK (DRL, COMP, W/O, P&A) <i>L.I</i>	
EXP TYPE: <i>17</i>	
ACTG CODE:	
Total Weight	Loaded Miles
DOLLAR TOTAL BEING APP'VD <i>7549.75</i>	
FIELD APPROVAL <i>[Signature]</i>	DATE <i>6-2-11</i>
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%.

"TAXES WILL BE ADDED AT CORPORATE OFFICE"

SUB TOTAL

TAX

TOTAL

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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REF. INVOICE # 9800
LOCATION Hwy 257 + 52
FOREMAN Calvin Reimers

TREATMENT REPORT

DATE <u>6-2-11</u>	WELL NAME <u>Booth N 25-24D</u>	SECTION <u>25</u>	TWP <u>5N</u>	RGE <u>67W</u>	COUNTY <u>Weld</u>	FORMATION
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>4:30pm.</u>		TIME LEFT LOCATION <u>10:30pm.</u>				

WELL DATA			PRESSURE LIMITATIONS		
HOLE SIZE <u>12 1/4</u>	TUBING SIZE	PERFORATIONS	THEORETICAL		INSTRUCTED
TOTAL DEPTH <u>838</u>	TUBING DEPTH	SHOTS/FT	SURFACE PIPE ANNULUS LONG		
PBTD <u>789.26</u>	TUBING WEIGHT	OPEN HOLE	STRING		
CASING SIZE <u>8 5/8</u>	TUBING CONDITION		TUBING		
CASING DEPTH <u>832.72</u>		TREATMENT VIA	TYPE OF TREATMENT		TREATMENT RATE
CASING WEIGHT <u>24 lb.</u>	PACKER DEPTH		<input checked="" type="checkbox"/> SURFACE PIPE		BREAKDOWN BPM
CASING CONDITION <u>Good</u>			<input type="checkbox"/> PRODUCTION CASING		INITIAL BPM
			<input type="checkbox"/> SQUEEZE CEMENT		FINAL BPM
			<input type="checkbox"/> ACID BREAKDOWN		MINIMUM BPM
			<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 8:32pm, Circ 9:06pm, Cement 9:14pm to 9:29pm
Drop Plug 9:30pm, Displace 9:31pm
10 bbls 250 Psi 9:34pm 7.0 bbls/s
20 bbls 290 Psi 9:36pm 7.0 bbls/s
30 bbls 320 Psi 9:38pm 7.0 bbls/s
40 bbls 380 Psi 9:40pm 5.0 bbls/s
50.2 bbls 400 Psi 9:43pm 1.0 bbls/s
Bump Plug 600 Psi at 9:43pm Float Collar Held
USED 0% Excess = 273 SKs, 61.74 bbls Slurry
AVG CEMENT 4.11 bbls/s
Left with 427 SKs, 16 oz Dye, 15 qts KCL
5 bbls Slurry To the Pit

[Signature] AUTHORIZATION TO PROCEED
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"/> <u> </u>	<input type="checkbox"/> <u> </u>

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"/> <u> </u>	<input type="checkbox"/> Chemical Resistant Clothing
<input type="checkbox"/> <u> </u>	<input type="checkbox"/> <u> </u>		<input type="checkbox"/> Personal Fall Arrest Systems
			<input type="checkbox"/> <u> </u>

EMERGENCY PREPARATIONS

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

Additional Topics Covered:

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

Other Considerations and Field Notes:



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www.Bisonoilwell.com

Cementing Customer Satisfaction Survey

Service Date 6-2-11 Invoice Number 9800
Invoice Amount _____ Well Permit Number _____
Well Name Booth N Well Type GAS
Well Location Hwy 257 + 52 Well Number 25-24D
County Weld Lease _____
SEC/TWP/RNG 25-5N-67W Job Type SURFACE PIPE
State CO. Company Name Noble
Supervisor Name CALVIN REIMERS Customer Representative MIKE MC.
Customer Phone Number _____
Employee Name _____ Exposure Hours (Per Employee) _____
TUCKER L. _____
DARIO H. _____

Total Exposure Hours _____ Did we encounter any problems on this job? Yes ☐ No ☒

To Be Completed By Customer

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

Opportunity

- Best Practices
- Potential Best Practice
- Prevention/Improvement

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 - 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:

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 -

Mike Mc.
Customer Representative's Signature

6-2-11
Date

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