



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	2/4/2012
Invoice #	10892

Invoice

Location	Well Name & No.	Job Type	Terms	Foss 10-2-21
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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	Milage 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
HOURS	Wait Time	3		250.00	750.00
Discount 15%				-15.00%	-2,590.25
BFN III Winter ...	Subtotal of Services	421		18.25	7,683.25T
Discount 15%				-15.00%	-1,152.49
KCL Mud Flush	BHS 117)	6	qt	7.50	45.00T
Discount 15%				-15.00%	-6.75
Dye - 4880	Dye (Hot Pink 4880)	10	oz	15.00	150.00T
Discount 15%				-15.00%	-22.50
Subtotal of Materials					6,696.51

Please Remit Payment To:

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

Subtotal	\$9,286.76
Sales Tax (2.9%)	\$194.20
Total	\$9,480.96
Balance Due	\$9,480.96







Bison Oil Well Cementing, Inc  
1738 Wynkoop St., Ste. 102  
Denver, CO 80202  
303-296-3010  
www.BisonOilWell.com



### Cementing Customer Satisfaction Survey

Invoice Number	10892	Invoice Amount	2-4-12
Well Permit Number	645	Well Name	Greener AA
Well Type	645	Well Location	61-70
Lease	07-65H2	County	Weld
Job Type	Surf Pipe	SEC/TWP/RNG	12-6N-64W
Company Name	ASAC	State	CO
Customer Representative	Walt Scott	Supervisor Name	Kim Kallhoff
Customer Phone Number		Employee Name	
Exposure Hours (Per Employee)	2.5		
	2.5		
	2.5		
	2.5		
Did we encounter any problems on this job? Yes/No	(No)	Total Exposure Hours	

### 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 - 5
- Equipment - 5
- Job Design - 5
- Product / Material - 5
- Health & Safety - 5
- Environmental - 5
- Timeliness - 5
- Condition / Appearance - 5
- Communication - 5
- Improvement - 5

### 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)
- Yes / No - Was a job safety analysis completed? (Yes)
- Yes / No - Were emergency services discussed? (Yes)
- Yes / No - Did environmental incident occur? (Yes)
- Yes / No - Did any near misses occur? (Yes)

Please Circle:

- Yes / No - Did an accident or injury occur? (Yes)
- Yes / No - Did an injury requiring medical treatment occur? (Yes)
- Yes / No - Did a first-aid injury occur? (Yes)
- Yes / No - Did a vehicle accident occur? (Yes)
- Yes / No - Was a post-job safety meeting held? (Yes)

Additional Comments:

Good Job

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

2-4-12





# B.O.C. Tailgate Safety Meeting Report

INVOICE 10842

Date 2-4-12 Time 6:52 AM PM Meeting Facilitator RIVK KALLOFF

Facility Name and Location Sheena R A #07-65 HV Work to be Undertaken Surface Pipe

Nearest Emergency Medical Service Number (Other than 911) Greely

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)  
Job Safety Analysis Reviewed (if applicable)  
Overhead work/suspended Loads/Chains/Slings  
Trapped Pressure  
Flammable/Combustible/Explosives  
Pitch Points/Moving/Rotating Equipment  
Waste Handling/Disposal  
Excavation Collapse

ADDITIONAL PPE REQUIREMENT (based on the job specific hazards, check all that apply)  
Eyes/Face  
Chemical Resistant Gloves  
Heat Resistant Gloves  
Cotton or Leather Gloves  
Dielectric Gloves  
Hearing Protection  
Goggles  
Tinted Lenses  
Faceshield  
Overhead Power Lines  
Falling from Heights  
Slips/Trips/Falls  
Extreme Heat/Cold  
Electrical Current  
Overexertion/Heavy Lifting  
Spills/Leaks  
Falling Particles  
Overhead Power Lines

EMERGENCY PREPARATIONS  
Muster Areas Communication Methods Means of Egress Emergency Equipment  
Hands  
Feet  
Rubber Boots  
Over Boots  
Dielectric Boots  
Air Purifying Respirator  
Supplied Air Respirator  
Personal H2S Monitor (if in sour area)  
Chemical Resistant Clothing  
Personal Fall Arrest Systems  
Other

Additional Topics Covered:

Attendees (Signature)/Company

Attendees (Signature)/Company

Other Considerations and Field Notes:

Beckle HSY