



BISON

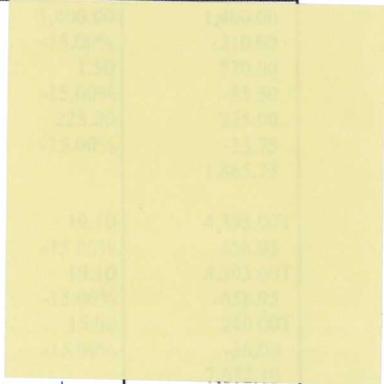
Bison Oil Well Cementing Inc.
 1547 Gaylord Street
 Denver, CO 80206
 303-296-3010

Invoice

Date	Invoice #
10/16/2013	12846

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

Location	Well Name & No.	Terms	Job Type		
Weld CO	<i>Rehn</i> Rehn State LD09-65-1HN	Net 30	Surface Pipe		
Item	Description	Qty	U/M	Rate	Amount
Pump surface	PUMP Charge-surface pipe	1			
Discount 15%	Discount 15%				
MILEAGE	Mileage charge	380			
Discount 15%	Discount 15%				
Data Acquisition ...	Data Acquisition Charge	1			
Discount 15%	Discount 15%				
	Subtotal of Services				
N-Gel-12	Lead 12lb	230	Sack		
Discount 15%	Discount 15%				
BG-Lite	Tail 13.8 lb/gal 50/50 Poz	230	Sack		
Discount 15%	Discount 15%				
Dye - 4880	Dye (Hot Pink 4880)	16	oz		
Discount 15%	Discount 15%				
	Subtotal of Materials				
		<i>+ 100</i>			
			<i>Sacks - tail</i>		



Please Remit Payment To:

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

Subtotal	
Sales Tax (2.9%)	
Total	
Balance Due	

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 12846

WELL NO. AND FARM <i>Rohn State LD09-65-1H1</i>		COUNTY <i>Weld</i>	STATE <i>CO</i>	DATE <i>Oct 16 2013</i>
CHARGE TO <i>Noble Energy</i>		WELL LOCATION SEC. TWP. RANGE		CONTRACTOR
		DELIVERED TO <i>New Ramer</i>		LOCATION 1
		SHIPPED VIA <i>3106 1/2017 1 III</i>		LOCATION 2
		TYPE AND PURPOSE OF JOB <i>Lead + Tail Surface</i>		LOCATION 3
				WELL TYPE CODE

PRICE REFERENCE	DESCRIPTION	UNITS		UNIT PRICE	AMOUNT
		QTY.	MEAS.		
	Pump Charge	1	ea		
	Truck mileage 4 ⁰⁰ mile 60 mile min round trip	2	ea		
	Pickup mileage 1 ⁵⁰ mile 60 mile min round trip	1	ea		
	Cement	460	SKS		
	Dye	16	oz		
	Torn Inspection		ea		
	Data Acquisition	1	ea		

TRIG NAME & NUMBER:
NAP 326

WELL NAME & NUMBER:
ROHN STATE LD09-65-1H1

AFE NUMBER:
139970

TASK (DRI, COMP, W/O, P&A):
DR C

EXP TYPE:
1.1

ACTG CODE:
0017

DOLLAR TOTAL BEING APPLIED:
13321.00

FIELD APPROVAL DATE:
10/16/13

TOTAL TONS LOADED:
460

WEIGHT TO APPROXIMATE:
1000

TAX REFERENCES

MAIL TO: NOBLE ENERGY INC.
 ATTN: ACCOUNTS PAYABLE
 1625 BROADWAY, SUITE 2200
 DENVER, CO 80202
 NO INVOICE WILL BE PAID W/O ALL
 TAXES WILL BE ADDED AT CORPORATE OFFICE"

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%.

[Signature]
 Customer or His Agent

[Signature]
 Bison Oil Well Cementing, Inc. Representative

TOTAL

SUBJECT TO CORRECTION

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.

1547 Gaylord Street
 Denver, Colorado 80206
 Phone: 303-296-3010
 Fax: 303-298-8143
 E-mail: bisonoil1@qwestoffice.net



INVOICE #
 LOCATION
 FOREMAN

12846
 New Raman
 Brad Kosinski

TREATMENT REPORT

DATE	WELL NAME	SECTION	TWP	RGE	COUNTY
Oct 16 2013	Rhen State LD09-65-1HN				Weld.
BILL TO	OWNER	CONSULTANT			
Noble Energy		Shane Heard			
MAILING ADDRESS		RIG NAME & NUMBER			
		H&P 326			
		DISTANCE TO LOCATION	UNITS ON LOCATION		
		62	310614017/111		
CITY		TIME REQUESTED	TIME ARRIVED ON LOCATION		
		5:30	6:00		
STATE, ZIP		TIME LEFT LOCATION			

WELL DATA

Cement Makeup

HOLE SIZE	TUBING SIZE	PERFORATIONS	Cement Blend			
12 7/8 13 3/4			Lead N-Gel-12 Tail Bq-Lite			
TOTAL DEPTH	TUBING DEPTH	SHOTS/FT	Cement - Specs	Yield	Water Requirements	
1299			Annulus Factor	1.69	8.64	
CASING SIZE	TUBING WEIGHT	OPEN HOLE		1.27	5.89	
9 5/8			Capacity Factor			
CASING DEPTH	TUBING CONDITION	TREATMENT VIA	TYPE OF TREATMENT			
1289			<input type="checkbox"/> Surface Pipe <input checked="" type="checkbox"/> Production <input type="checkbox"/> Squeeze <input type="checkbox"/> MISC Pump <input type="checkbox"/> P&A			
CASING WEIGHT	PACKER DEPTH		HYD HHP = RATE X PRESSURE / 40.8			
36			% Excess <input type="text"/> BBL to Pit <input type="text"/>			
CASING CONDITION	<input type="text" value="Good"/>					
Max Rate	<input type="text" value="5"/>					
Max Pressure	<input type="text" value="2500"/>					

DESCRIPTION OF JOB EVENTS

MIRU Safety meeting pressure test lines to 1000psi release pressure pump
 bbls ahead then m+p 410skts of lead then m+p 100skts of tail
 then drop plug then dis 96 bbls of water then rigdown & clean up.
 460

X _____
 Authorization To Proceed

W.S.S. _____
 Title

X Oct 16 2013
 Date

BISON OIL WELL CEMENTING, INC.



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 Denver, Colorado 80206
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INVOICE #
 LOCATION
 FOREMAN

12846
 New Remyer
 Brook Kasinski

Treatment Report Page 2

DESCRIPTION OF JOB EVENTS

	Displace 1		Displace 2		Displace 3		Displace 4		Displace 5	
	BBLS	PSI								
Safety Meeting	1:45									
MIRU	1:30									
CIRCULATE	2:45	50	0		0		0		0	
Drop Plug		50	10		10		10		10	
3:38		100	20		20		20		20	
		100	30		30		30		30	
		150	40		40		40		40	
M & P		170	50		50		50		50	
Time	Sacks		60		60		60		60	
2:55	460		70		70		70		70	
			80		80		80		80	
			90		90		90		90	
			100		100		100		100	
			110		110		110		110	
			120		120		120		120	
			130		130		130		130	
			140		140		140		140	
			150		150		150		150	

Notes:

MIRU, Safety meeting pressure test lines to 1000psi. Then release pressure then pump 50 bbls of water ahead. then Mt P 460sks of lead then 100sks of tail then drop plug then d.s 96 bbls of water then rig down cleanup

[Signature]

X W.S.S.

X Oct 16 2013
 Date

X Title

X Work Performed



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 Oct 16 2013 Invoice Number 12846
 Invoice Amount 13,321.00 Well Permit Number HFF 139470
 Well Name PhenStat 1D09-65-1HN Well Type Gas + Oil
 Well Location New Pamer Well Number LD09-65-1HN
 County Weld Lease _____
 SEC/TWP/RNG _____ Job Type Lead + Tail
 State CO Company Name Noble
 Supervisor Name Brad Kosinski Customer Representative _____
 Customer Phone Number _____
 Employee Name _____ Exposure Hours (Per Employee) _____
Brad 11
Dario 11
Jairo 11
 Total Exposure Hours 33 Did we encounter any problems on this job? Yes No

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
<u>4</u> Personnel -	Did our personnel perform to your satisfaction ?
<u>4</u> Equipment -	Did our equipment perform to your satisfaction ?
<u>4</u> Job Design -	Did we perform the job to the agreed upon design ?
<u>4</u> Product / Material -	Did our products and materials perform as you expected ?
<u>4</u> Health & Safety -	Did we perform in a safe and careful manner (Pre / post mtgs, PPE, TSMR, etc..) ?
<u>4</u> Environmental -	Did we perform in an environmentally sound manner (Spills, leaks, cleanup, etc..) ?
<u>4</u> Timeliness -	Was job performed as scheduled (On time to site, accessible to customer, completed when expected)?
<u>4</u> Condition / Appearance -	Did the equipment condition and appearance meet your expectation?
<u>5</u> Communication -	How well did our personnel communicate during mobilization, rig up, and job execution?
<u>5</u> Improvement -	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?

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?

Additional Comments:

THE INFORMATION HEREIN IS CORRECT -

 Customer Representative's Signature [Signature] Date Oct 16 2013

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