



BISON

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

Invoice

Date	Invoice #
5/24/2011	9817

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

Location	Well Name & No.	Job Type	Terms	Rig	
Weld CO	Adams D30-27D	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
	Subtotal of Services				1,840.25
BFN III	BFN III Blend	314	Sack	18.25	5,730.50T
Discount 15%	Discount 15%			-15.00%	-859.58
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				5,106.79
					6,947.04

Please Remit Invoices To:

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

Subtotal	\$6,947.04
Sales Tax (2.9%)	\$148.10
Total	\$7,095.14
Balance Due	\$7,095.14

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 9817

WELL NO. AND FARM adams DBO-270		COUNTY weld	STATE CO	DATE 5-24-11
CHARGE TO Noble		WELL LOCATION SEC. 30 TWP. 3N RANGE 69W		CONTRACTOR ENSIGN 126
		DELIVERED TO WCL 49+30		LOCATION 1 SHOP
		SHIPPED VIA 3104-3203		LOCATION 2 WCL 49+30
		TYPE AND PURPOSE OF JOB Cement Surface		LOCATION 3 SHOP
				WELL TYPE GAS

PRICE REFERENCE	DESCRIPTION	UNITS		UNIT PRICE	AMOUNT
		QTY.	MEAS.		
	Pump Charge	1	EA	\$1400.00	1400.00
	BFM #3% BCCA-1.25" SK BFA-1	314	Sacks	18.25	5730.50
	BCLY-7	5	QTS	\$75.00	375.00
	Dye	16	OZ	\$15.00	240.00
	mileage 1.5 mile 60 mile m.w. Road trip	3	EA	\$180.00	540.00
	DATA ACC	1	EA	\$225.00	225.00

DRILLING

RIG NO. Ensign 126

WELL NAME & NO. Adams DBO 30-270

PROJECT NO. 129972

TASK (DRL, COMP, WID, PUM) Cement

ACTG. CODE 101 17

DOLLAR TOTAL BEING APPLD 8173.00

1ST LEVEL APPROVAL Abel B DATE 5/24/11

2ND LEVEL APPROVAL _____ DATE _____

MAIL TO: NOBLE ENERGY INC.
1625 BROADWAY
SUITE 2200
DENVER, CO 80202

Total Weight _____ Loaded Miles _____

NO INVOICE WILL BE PAID WITHOUT ATTACHED SIGNED TAX REFERENCES

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%.

SUB TOTAL	1225.967
2.9% TAX	8173.00
	148.18
TOTAL	7095.14

"TAXES WILL BE ADDED AT CORPORATE OFFICE"

Abel B 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.

SUBJECT TO CORRECTION

BISON OIL WELL CEMENTING, INC.



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REF. INVOICE # 9817
 LOCATION WCR 49+30
 FOREMAN Daniel Sattman

TREATMENT REPORT

DATE <u>5-24-11</u>	WELL NAME <u>adams D30-27D</u>	SECTION <u>30</u>	TWP <u>3N</u>	RGE <u>64W</u>	COUNTY <u>Weld</u>	FORMATION
CHARGE TO <u>Noble</u>			OWNER			
MAILING ADDRESS			OPERATOR <u>Noble</u>			
CITY			CONTRACTOR <u>ENSIGN 126</u>			
STATE ZIP CODE			DISTANCE TO LOCATION			
TIME ARRIVED ON LOCATION <u>1:30 AM</u>			TIME LEFT LOCATION <u>5:30 AM</u>			

WELL DATA			PRESSURE LIMITATIONS		
HOLE SIZE <u>12 1/4</u>	TUBING SIZE	PERFORATIONS		THEORETICAL	INSTRUCTED
TOTAL DEPTH <u>827.0</u>	TUBING DEPTH	SHOTS/FT	SURFACE PIPE ANNULUS LONG		
POTD <u>781.45</u>	TUBING WEIGHT	OPEN HOLE	STRING		
CASING SIZE <u>8 5/8</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, psi test, circ 50 bbls of H₂O w/ KCL 2nd 10 w/ 10oz Dye, mix + pump 350 stks of cement @ 30% excess @ 15.2" @ 1.27 yield at until stopped by Co man, Drop Plug Displace 519.7 bbls of H₂O Bump Plug @ 150 psi over 1.47 psi wait 5 min Release psi and shup Rig Down

Arrival w 750 stks of cement 4 gal KCL 32 oz Dye 79.1 bbls of Slurry

JOB SUMMARY
 DESCRIPTION OF JOB EVENTS Safety meeting 3:17 AM Circ 3:48 AM cement 4:00 AM Drop Plug 4:27 AM Displace 4:27 AM

<u>10 bbls 6.0/m 270psi 4:31 AM</u>	<u>16% Excess</u>
<u>20 bbls 6.0/m 340psi 4:33 AM</u>	<u>314 stks of cement</u>
<u>30 bbls 6.0/m 440psi 4:34 AM</u>	<u>71.0 bbls of Slurry</u>
<u>40 bbls 6.0/m 430psi 4:37 AM</u>	
<u>49.7 bbls 1.0/m 320psi 4:45 AM</u>	
<u>Bump Plug 5:40 psi 4:45 AM</u>	

Left w 436 stks of cement 2 gal 3at KCL 100oz Dye 7 bbls of slurry back

R. H. E. J. AUTHORIZATION TO PROCEED
 TITLE
 DATE 5-24-11

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B.O.C. Tailgate Safety Meeting Report

INVOICE 9817

Date 5-24-11 Time _____ AM PM Meeting Facilitator Daniel Saltzman
 Facility Name and Location adams D30-27D Work to be Undertaken Cement Surface
 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 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 checked="" 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 checked="" 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

Other Considerations and Field Notes:



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Cementing Customer Satisfaction Survey

Service Date 5-24-11 Invoice Number 9817
 Invoice Amount _____ Well Permit Number _____
 Well Name adams D Well Type GAS
 Well Location WCR 47230 Well Number 30-271
 County weld Lease _____
 SEC/TWP/RNG 30-3N-69W Job Type Cement surface
 State CO Company Name Wahle
 Supervisor Name Daniel Seltman Customer Representative Bob Frank
 Employee Name _____ Exposure Hours (Per Employee) _____
Mike 5 Hr
Jessy 4 Hr

 Total Exposure Hours _____ 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>3</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>4</u> Communication -	How well did our personnel communicate during mobilization, rig up, and job execution?
<u>NA</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?
 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 -

Robert [Signature]
 Customer Representative's Signature

5-24-11
 Date

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