



# 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 <b>adams D30-270</b>		COUNTY <b>weld</b>	STATE <b>CO</b>	DATE <b>5-24-11</b>
CHARGE TO <b>Noble</b>		WELL LOCATION SEC. <b>30</b> TWP. <b>3N</b> RANGE <b>69W</b>		CONTRACTOR <b>ENSIGN 126</b>
		DELIVERED TO <b>WCL 49+30</b>		LOCATION <b>1 Shop</b> CODE
		SHIPPED VIA <b>3104-3203</b>		LOCATION <b>2 WCL 49+30</b> CODE
		TYPE AND PURPOSE OF JOB <b>Cement Surface</b>		LOCATION <b>3 Shop</b> CODE
				WELL TYPE <b>GAS</b> CODE

PRICE REFERENCE	DESCRIPTION	UNITS		UNIT PRICE	AMOUNT
		QTY.	MEAS.		
	Pump Charge	1	EA	\$1400.00	1400.00
	BFA #4 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 150 mile 60 mile m.w. Road trip	3	EA	\$180.00	540.00
	DATA ACC	1	EA	\$225.00	225.00
	<div style="border: 1px solid black; padding: 5px;"> <p align="center"><b>DRILLING</b></p> <p>RIG NO. <b>Ensign 126</b></p> <p>WELL NAME &amp; NO. <b>Adams D30-270</b></p> <p>PROJECT NO. <b>129972</b></p> <p>TASK (DRILL, COMB, WID, PUMP) <b>Cement</b></p> <p>ACTG. CODE <b>101-17</b></p> <p>DOLLAR TOTAL BEING APPLIED <b>8173.00</b></p> <p>1ST LEVEL APPROVAL DATE <b>5/24/11</b></p> <p>2ND LEVEL APPROVAL DATE</p> <p>MAIL TO: NOBLE ENERGY INC. 1625 BROADWAY SUITE 2200 DENVER, CO 80202</p> <p>Total Weight Loaded NO INVOICE WILL BE PAID WITHOUT ATTACHED SIGNED TAX REFERENCES</p> </div>				
			Ton Miles		1225.967

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

**2.9% TAX**

"TAXES WILL BE ADDED AT CORPORATE OFFICE"

TOTAL

SUBJECT TO CORRECTION

*Robert L. Harg* 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.



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

## 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		
CASING DEPTH <u>819.81</u>		TREATMENT VIA	TYPE OF TREATMENT		TREATMENT RATE
CASING WEIGHT <u>24#</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

PRESSURE SUMMARY			
BREAKDOWN or CIRCULATING	psi	AVERAGE	psi
FINAL DISPLACEMENT	psi	ISIP	psi
ANNULUS	psi	5 MIN SIP	psi
MAXIMUM	psi	15 MIN SIP	psi
MINIMUM	psi		

INSTRUCTIONS PRIOR TO JOB Rig up, Safety meeting, psi test C/C 50 bbls of H<sub>2</sub>O w/ KCL 2nd 10 w/ 10oz Dye, mix + pump 350 sks of Cement @ 30% Excess @ 15.2" @ 1.27 yield at until stopped by Co man, Drop Plug Displace 519.7 bbls of H<sub>2</sub>O Bump Plug @ 150 psi over 1.47 psi wait 5 min Release psi & setup Rig Down

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

JOB SUMMARY  
DESCRIPTION OF JOB EVENTS Safety meeting 3:17 AM C/C 3:48 AM Cement 4:00 AM  
Drop Plug 4:27 AM Displace 4:27 AM

16 bbls	6.0/m	270 psi	4:31 AM	16% Excess
20 bbls	6.0/m	340 psi	4:33 AM	314 sks of Cement
30 bbls	6.0/m	440 psi	4:34 AM	71.0 bbls of Slurry
40 bbls	6.0/m	430 psi	4:37 AM	
49.7 bbls	1.0/m	320 psi	4:45 AM	
Bump Plug	540 psi		4:45 AM	

Left w 436 sks of Cement 2 gal 3at KCL 1600z Dye 7 bbls of Slurry Back

Auth E28 5-24-11

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.

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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 A30-27D Work to be Undertaken Cement Sanfire  
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)

<u><b>Eyes/Face</b></u>	<u><b>Hands</b></u>	<u><b>Feet</b></u>	<u><b>Other</b></u>
<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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www.Bisonoilwell.com

### 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 49230 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 S. Homan Customer Representative Bob Frank  
Customer Phone Number \_\_\_\_\_  
Employee Name mikes Exposure Hours (Per Employee) 4 Hr  
Jessy \_\_\_\_\_  
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

- 4 Personnel -
- 4 Equipment -
- 4 Job Design -
- 4 Product / Material -
- 4 Health & Safety -
- 4 Environmental -
- 5 Timeliness -
- 4 Condition / Appearance -
- 4 Communication -
- NA 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 -

Robert C. Smith  
Customer Representative's Signature

5-24-11  
Date

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