



BISON

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

Invoice

Date	Invoice #
11/17/2011	10568

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

Location	Well Name & No.	Terms	Job Type		
Weld CO	Pettinger USX AB 35-02	Net 30	Surface		
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 Winter ...	BFN III Blend	262	Sack	18.25	4,781.50T
Discount 15%	Discount 15%			-15.00%	-717.23
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				4,300.14
					6,140.39

Please Remit Payment To:

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

Subtotal	\$6,140.39
Sales Tax (2.9%)	\$124.70
Total	\$6,265.09
Balance Due	\$6,265.09

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 10568

WELL NO. AND FARM <i>Pettiniger USX AB 3502</i>	COUNTY <i>Weld</i>	STATE <i>CO</i>	DATE <i>11-17-11</i>
CHARGE TO <i>NOBLE</i>	WELL LOCATION SEC. <i>35</i> TWP. <i>7N</i> RANGE <i>64W</i>		CONTRACTOR <i>SAXON 143</i>
DELIVERED TO <i>76-59</i>		LOCATION <i>1540P</i>	CODE
SHIPPED VIA <i>3103 3205</i>		LOCATION <i>2602 76-59</i>	CODE
TYPE AND PURPOSE OF JOB <i>SURFACE PIPE</i>		LOCATION <i>3540P</i>	CODE
		WELL TYPE <i>645</i>	CODE

PRICE REFERENCE	DESCRIPTION	UNITS		UNIT PRICE	AMOUNT	
		QTY.	MEAS.			
	<i>PUMP CHARGE</i>	<i>1</i>	<i>CT</i>	<i>1400.00</i>	<i>1400</i>	<i>00</i>
	<i>BSN III 3% BCCA-1 1.25 LBS/KS BFLA-1</i>	<i>262</i>	<i>STS</i>	<i>18.25</i>	<i>4781</i>	<i>50</i>
	<i>BCLX</i>	<i>5</i>	<i>GTS</i>	<i>7.50</i>	<i>37</i>	<i>50</i>
	<i>DYE</i>	<i>16</i>	<i>OZ</i>	<i>15.00</i>	<i>240</i>	<i>00</i>
	<i>MILEAGE 1.50 PER MILE</i>	<i>3</i>	<i>CT</i>	<i>180.00</i>	<i>540</i>	<i>00</i>
	<i>DATA INT</i>	<i>1</i>	<i>CT</i>	<i>725.00</i>	<i>725</i>	<i>00</i>

RIG NAME & NUMBER:
Saxon 143

WELL NAME & NUMBER:
Pettiniger USX AB 35-02

AFE NUMBER:
132722

TASK (DRL. COMP. W/O. P&A)
17

EXP TYPE:
17

ACTG CODE:
1

DOLLAR TOTAL BEING APPROVED
7224.00

FIELD APPROVAL DATE
11-18-11

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%.

TAX REFERENCES
THANK YOU
"TAXES WILL BE ADDED AT CORPORATE OFFICE"

SUB TOTAL
2.9% 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.

1083 67
7224 00
124 70
6265 09

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Phone: 303-298-3010
Fax: 303-298-8143
E-mail: bisonoil1@qwestoffice.net

REF. INVOICE # 10568

LOCATION WCR 76-59

FOREMAN PAT ROWE

TREATMENT REPORT

DATE 11-17-11	WELL NAME Pettinger USX AB 35-02	SECTION 35	TWP 7N	RGE 64W	COUNTY WCD	FORMATION
CHARGE TO NOBLE		OWNER				
MAILING ADDRESS		OPERATOR NOBLE				
CITY		CONTRACTOR SAXON 143				
STATE ZIP CODE		DISTANCE TO LOCATION				
TIME ARRIVED ON LOCATION 11:15 PM		TIME LEFT LOCATION 2:45 AM				

WELL DATA			PRESSURE LIMITATIONS		
HOLE SIZE 12 1/4	TUBING SIZE	PERFORATIONS	THEORETICAL		INSTRUCTED
TOTAL DEPTH 805	TUBING DEPTH	SHOTS/FT	SURFACE PIPE ANNULUS LONG		
PBTD 764.16	TUBING WEIGHT	OPEN HOLE	STRING		
CASING SIZE 8 3/8	TUBING CONDITION		TUBING		
CASING DEPTH 802.95		TREATMENT VIA	TYPE OF TREATMENT		TREATMENT RATE
CASING WEIGHT 24.00	PACKER DEPTH		<input checked="" type="checkbox"/> SURFACE PIPE		BREAKDOWN BPM
CASING CONDITION GOOD			<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 LIKE 50 BBLs H2O WITH KCL
Dye in 2nd 10 min & pump till Dye is seen then pump only 40% of 15.2 B 1.27% KCL
DON'T GO OVER 30% EXCESS WITH OUT TALKING TO COMPANY MAN, DROP PLUG, DISPLACE 49.9 BBLs
Bump Plug 150 PSI OVER LIFT PRESSURE WAIT 5 MINUS RELEASE PRESSURE WASH UP RIG DOWN
H2O TESTED GOOD VOLUME 600 SKS 3702 DYE 20 QTS KCL

JOB SUMMARY
DESCRIPTION OF JOB EVENTS SAFETY MEETING 12:24 AM, CICK 12:50 AM, CEMENT 12:58 AM TO 1:19 AM
Drop plug 1:20 AM, Displace 1:21 AM
10 bbls 160 PSI 1:23 AM 7.0 bbls/min
20 bbls 280 PSI 1:25 AM 7.0 bbls/min
30 bbls 390 PSI 1:26 AM 7.0 bbls/min
40 bbls 390 PSI 1:28 AM 7.0 bbls/min
45.9 bbls 600 PSI 1:30 AM 4.5 bbls/min
Bump Plug 2000 PSI AT 1:30 AM FLOAT COLLAR HELD
Plug Bumped 4 bbls EARLY, BROKE CHAIN & PUMPED TOP DRIVE UP
USED 0% EXCESS = 262 SKS, 59.26 bbls SLURRY
LEFT WITH 338 SKS, 16 OZ DYE, 15 QTS KCL
6 bbls SLURRY TO THE PIT

AUTHORIZATION TO PROCEED
TITLE
DATE 11-17-11

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.



Bison Oil Well Cementing, Inc
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www.Bisonoilwell.com

Cementing Customer Satisfaction Survey

Service Date 11-17-11 Invoice Number 10568
Invoice Amount _____ Well Permit Number _____
Well Name PETTINGER L5X AB Well Type GLS
Well Location 75-59 Well Number 35-02
County WELD Lease _____
SEC/TWP/RNG 35 7N 64W Job Type SURFACE PILE
State CO Company Name MIKE M NOBLE
Supervisor Name PAT NOBLE Customer Representative MIKE M
Customer Phone Number _____
Employee Name _____ Exposure Hours (Per Employee) _____
CALVIN R _____
KEITH L _____
JARID 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?

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 -

MIKE M NOBLE
Customer Representative's Signature

11-17-11
Date

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

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PRE-TRIP CEMENT CALL OUT SHEET

Invoice # 10568 Date / Time 11-17-11 / 10:15 pm
Well Name Pettinger USX AB 35-02 Operator MIKE M.
Customer Noble / Saxon Rig 143
Location / Rig WCR 76 + 59
Delivered To

Unit #

4020/3103
4017/3205

PRE-CHECK CALL OUT

CHECK ITEMS	Bulk Plant Operator	Initials	Bulk Truck Driver	Initials	Supervisor	Initials
Dry Sample #					YES	CR
Required Cement Connections					YES	CR
Type of Cement					BFN II 370	CR
# of LBS / Sacks					200 400	CR
Float Equipment					N/A	CR
Beginning Fuel					7/8 / 7/8 3/4 / 3/4	CR
Starting Mileage					N/A	CR
Personal Protective Equipment					YES	CR
Driving Directions					YES	CR
Drivers Logs					YES	CR
Truck Pre-trip Completed					YES	CR

Comments:

POST-CHECK RETURN

CHECK ITEMS	Bulk Plant Operator	Initials	Bulk Truck Driver	Initials	Supervisor	Initials
# of LBS / Sacks					200 138	CR
Ending Fuel					3/4 / 3/4 5/8 / 5/8	CR
Ending Mileage					N/A	CR

Comments:

Moving to ?



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B.O.C. Tailgate Safety Meeting Report

INVOICE 105668

Date 11-18-11 Time 12:24 ☒ AM ☐ PM Meeting Facilitator Pat Neel
Facility Name and Location PET 1422 USX AB 3502 Work to be Undertaken SURFACE PDR
Nearest Emergency Medical Service Number (Other than 911) 602-647

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 checked="" 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 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 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 type="checkbox"/> Excavation Collapse | <input checked="" type="checkbox"/> Walk Around Site Assessment |
| <input 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

- ☐ Tinted Lenses
☐ Goggles
☐ Faceshield
☐ Hearing Protection
☐ _____

Hands

- ☐ Chemical Resistant Gloves
☐ Heat Resistant Gloves
☐ Cotton or Leather Gloves
☐ Dielectric Gloves
☐ _____

Feet

- ☐ Rubber Boots
☐ Over Boots
☐ Dielectric Boots
☐ _____

Other

- ☐ Air Purifying Respirator
☐ Supplied Air Respirator
☐ Personal H2S Monitor (if in sour area)
☐ Chemical Resistant Clothing
☐ Personal Fall Arrest Systems
☐ _____

EMERGENCY PREPARATIONS

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

Additional Topics Covered:

Attendees (Signature)/Company	Attendees (Signature)/Company
<u>Calvin J. D. Bison</u>	<u>Pat Neel - Bison</u>
<u>Pat Neel - Bison</u>	<u>Calvin J. D. Bison</u>
<u>Chris [Signature]</u>	<u>Chris [Signature]</u>
<u>Kevin S. [Signature]</u>	<u>Chris [Signature]</u>
<u>Chris [Signature]</u>	<u>Chris [Signature]</u>

Other Considerations and Field Notes: