



BISON

Invoice

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

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 Pettinger USX AB 3502	COUNTY Weld	STATE CO	DATE 11-17-11
CHARGE TO NOBLE	WELL LOCATION SEC. 35 TWP. 7N RANGE 64W		CONTRACTOR Saxon 143
	DELIVERED TO 76-59	LOCATION 1540P	CODE
	SHIPPED VIA 3103 3205	LOCATION 2602 76-59	CODE
	TYPE AND PURPOSE OF JOB SURFACE PIPE	LOCATION 3540P	CODE
		WELL TYPE 415	CODE

PRICE REFERENCE	DESCRIPTION	UNITS		UNIT PRICE	AMOUNT
		QTY.	MEAS.		
	Pump Charge	1	CH	1400.00	1400.00
	BSM III 3% BCCA-1 1.25 LBS/KS BFLA-1	262	SFS	18.25	4781.50
	BCLX	5	GTS	7.50	37.50
	DYE	16	OZ	15.00	240.00
	Mileage 1.50 per mile to and from job	3	CH	180.00	540.00
	DATA INT	1	CH	725.00	725.00

RIG NAME & NUMBER:
Saxon 143

WELL NAME & NUMBER:
Pettinger USX AB 35-02

AFE NUMBER:
132722

TASK (DRL, COMP, W/O, P&A):
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%.

THANK YOU
 "TAXES WILL BE ADDED AT CORPORATE OFFICE"

SUB TOTAL
 2.9% TAX

1083.67
7224.00
124.70
6265.09

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.

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REF. INVOICE # 10568

LOCATION wcr 76-59

FOREMAN PATROW

TREATMENT REPORT

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

WELL DATA			PRESSURE LIMITATIONS		
HOLE SIZE <u>17 1/4</u>	TUBING SIZE	PERFORATIONS	THEORETICAL		INSTRUCTED
TOTAL DEPTH <u>805</u>	TUBING DEPTH	SHOTS/FT	SURFACE PIPE ANNULUS LONG		
<u>PBTD 754.16</u>	TUBING WEIGHT	OPEN HOLE	STRING		
CASING SIZE <u>8 3/8</u>	TUBING CONDITION		TUBING		
CASING DEPTH <u>802.95</u>		TREATMENT VIA	TYPE OF TREATMENT		TREATMENT RATE
CASING WEIGHT <u>24.00</u>	PACKER DEPTH		<input checked="" type="checkbox"/> SURFACE PIPE	BREAKDOWN BPM	
CASING CONDITION <u>GOOD</u>			<input type="checkbox"/> PRODUCTION CASING	INITIAL BPM	
PRESSURE SUMMARY			<input type="checkbox"/> SQUEEZE CEMENT	FINAL BPM	
BREAKDOWN or CIRCULATING psi	AVERAGE psi		<input type="checkbox"/> ACID BREAKDOWN	MINIMUM BPM	
FINAL DISPLACEMENT psi	ISIP psi		<input type="checkbox"/> ACID STIMULATION	MAXIMUM BPM	
ANNULUS psi	5 MIN SIP psi		<input type="checkbox"/> ACID SPOTTING	AVERAGE BPM	
MAXIMUM psi	15 MIN SIP psi		<input type="checkbox"/> MISC PUMP		
MINIMUM psi			<input type="checkbox"/> OTHER	HYD HHP = RATE X PRESSURE X 40.8	

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 per company man like 50 BBLs H₂O with KCL
Dye in 2nd 10 mix & pump till dye is seen then pump 200 only at 15, 20, 25, 30, 35, 40, 45, 50
Don't go over 30% excess with out talking to cement man, DROP PLUG, Displace 49.9 BBLs
Bump Plug 150 PSI over lift pressure wait 5 mins release pressure wait 10 rig down
H₂O test 6000 volume 600 SKS 3702 Dye 20 QTS KCL

JOB SUMMARY
 DESCRIPTION OF JOB EVENTS Safety meeting 12:24am, Check 12:50am, Cement 12:58am to 1:19am
Drop plug 1:20am, Displace 1:21am,
10 bbls. 160 Psi 1:23am 7.0 bbls/min
20 bbls. 280 Psi 1:25am 7.0 bbls/min
30 bbls. 390 Psi 1:26am 7.0 bbls/min
40 bbls. 390 Psi 1:28am 7.0 bbls/min
45.9 bbls. 600 Psi 1:30am 4.5 bbls/min
Bump Plug 2000 Psi AT 1:30am 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

[Signature] 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	<u>11-17-11</u>	Invoice Number	<u>10568</u>
Invoice Amount	_____	Well Permit Number	_____
Well Name	<u>PETTINGER LISA AB</u>	Well Type	<u>GLS</u>
Well Location	<u>75-59</u>	Well Number	<u>35-02</u>
County	<u>WELD</u>	Lease	_____
SEC/TWP/RNG	<u>35 7N 64W</u>	Job Type	<u>SURFACE PIPE</u>
State	<u>CO</u>	Company Name	<u>MIKE M NOBLE</u>
Supervisor Name	<u>PST NOBLE</u>	Customer Representative	<u>MIKE M</u>
Employee Name	_____	Customer Phone Number	_____

<u>CALVIN R</u>	Exposure Hours (Per Employee)	_____
<u>TUCKER L</u>	_____	_____
<u>JARRO H</u>	_____	_____
_____	_____	_____
_____	_____	_____
Total Exposure Hours	_____	Did we encounter any problems on this job? <input checked="" type="radio"/> Yes / <input type="radio"/> 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
_____ Personnel -	Did our personnel perform to your satisfaction ?
_____ Equipment -	Did our equipment perform to your satisfaction ?
_____ Job Design -	Did we perform the job to the agreed upon design ?
_____ Product / Material -	Did our products and materials perform as you expected ?
_____ Health & Safety -	Did we perform in a safe and careful manner (Pre / post mtgs, PPE, TSMR, etc..) ?
_____ Environmental -	Did we perform in an environmentally sound manner (Spills, leaks, cleanup, etc..) ?
_____ Timeliness -	Was job performed as scheduled(On time to site, accessible to customer, completed when expected)?
_____ Condition / Appearance -	Did the equipment condition and appearance meet your expectation?
_____ Communication -	How well did our personnel communicate during mobilization, rig up, and job execution?
_____ Improvement -	What can we do to improve our service?

Please Circle:	Please Circle:
Yes / No - Did an accident or injury occur?	Yes / No - Was a pre-job safety meeting held?
Yes / No - Did an injury requiring medical treatment occur?	Yes / No - Was a job safety analysis completed?
Yes / No - Did a first-aid injury occur?	Yes / No - Were emergency services discussed?
Yes / No - Did a vehicle accident occur?	Yes / No - Did environmental incident occur?
Yes / No - Was a post-job safety meeting held?	Yes / No - Did any near misses occur?
Additional Comments:	

THE INFORMATION HEREIN IS CORRECT -

[Signature] _____ Date 11-17-11

Customer Representative's Signature

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					BFNII 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 PETROLEUM USX AB 3502 Work to be Undertaken SURFACE PIDE
 Nearest Emergency Medical Service Number (Other than 911) 60224

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 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 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 | 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
<u>Pat Neel</u> - Bison	<u>Pat Neel</u> - Bison
<u>[Signature]</u> - Bison	<u>[Signature]</u> - Bison
<u>[Signature]</u> - Bison	<u>[Signature]</u> - Bison
<u>[Signature]</u> - Bison	<u>[Signature]</u> - Bison

Other Considerations and Field Notes: