



# BISON

## Invoice

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

Date	Invoice #
11/25/2011	10594

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

Location	Well Name & No.	Terms	Job Type		
Weld CO	Zehnder B05-23	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	371	Sack	18.25	6,770.75T
Discount 15%	Discount 15%			-15.00%	-1,015.61
KCL Mud Flush	(BHS 117)	3	qt	7.50	22.50T
Discount 15%	Discount 15%			-15.00%	-3.38
Dye - 4880	Dye (Hot Pink 4880)	16	oz	15.00	240.00T
Discount 15%	Discount 15%			-15.00%	-36.00
	Subtotal of Materials				5,978.26
					7,818.51

Please Remit Payment To:	<b>Subtotal</b>	\$7,818.51
Bison Oil Well Cementing, Inc. P.O. Box 29671 Thornton, CO 80229	<b>Sales Tax (2.9%)</b>	\$173.37
	<b>Total</b>	\$7,991.88
	<b>Balance Due</b>	\$7,991.88

# 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 10594**

WELL NO. AND FARM <i>Zehnder B05-23</i>		COUNTY <i>weld</i>	STATE <i>CO</i>	DATE <i>11-25-11</i>
CHARGE TO <i>Noble</i>		WELL LOCATION SEC. <i>5</i> TWP. <i>5N</i> RANGE <i>64W</i>		CONTRACTOR <i>Code 21</i>
		DELIVERED TO <i>60 1/2 - 53</i>	LOCATION <i>1 shop</i>	
		SHIPPED VIA <i>3101-3204</i>	LOCATION <i>2 60 1/2 - 53</i>	
		TYPE AND PURPOSE OF JOB <i>Surface Pipe</i>		LOCATION <i>3 shop</i>
				WELL TYPE <i>Gas</i>

PRICE REFERENCE	DESCRIPTION	UNITS		UNIT PRICE	AMOUNT	
		QTY.	MEAS.			
	<i>Pump charge</i>	<i>1</i>	<i>each</i>	<i>1400<sup>00</sup></i>	<i>1400</i>	<i>00</i>
	<i>BFWITI 3% BCC 4-1, 25 lbs per SK BPL 4-1</i>	<i>371</i>	<i>SKS</i>	<i>18<sup>25</sup></i>	<i>6770</i>	<i>75</i>
	<i>BCL 4-1</i>	<i>3</i>	<i>GRS</i>	<i>7<sup>50</sup></i>	<i>22</i>	<i>50</i>
	<i>Dye</i>	<i>16</i>	<i>oz</i>	<i>15<sup>00</sup></i>	<i>240</i>	<i>00</i>
	<i>mileage 1.50 per mile 60 mile min Round trip</i>	<i>3</i>	<i>each</i>	<i>180<sup>00</sup></i>	<i>540</i>	<i>00</i>
	<i>Dada Acc</i>	<i>1</i>	<i>each</i>	<i>225<sup>00</sup></i>	<i>225</i>	<i>00</i>

MAIL TO: NOBLE ENERGY INC.  
 ATTN: ACCOUNTS PAYABLE  
 1626 BROADWAY, SUITE 2300  
 DENVER, CO 80202  
 NO INVOICE WILL BE PAID W/O ALL  
 ATTACHED SIGNED FIELD TICKETS

ROUTE TO APPROVER  
*M. Sifton 11/25/11*  
 FIELD APPROVAL DATE  
*11/25/11*  
 DOLLAR TOTAL BEING APVD  
*9198.25*  
 ACTG CODE  
*110017*

TAX REFERENCES  
 EXP TYPE  
*DIPLG*  
 TASK (DRL, COMP, W/O, PAA)  
 TAXES WILL BE ADDED AT CORPORATE OFFICE"  
 AFE NUMBER  
*132752*  
 WELL NAME & NUMBER  
*Zehnder B05-23*  
 RIG NAME & NUMBER  
*12 CADE 21*

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	<i>9198 25</i>
TAX	<i>173 37</i>
TOTAL	<i>7991 88</i>

*[Signature]*

Customer or His Agent

Bison Oil Well Cementing, Inc. Representative

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.

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REF. INVOICE # 10594

LOCATION 60 1/2 - 53

FOREMAN Kirk Kallhoff  
 Jessy miles

## TREATMENT REPORT

DATE	WELL NAME	SECTION	TWP	RGE	COUNTY	FORMATION
11-25-11	Zehnder BOS-23	5	5N	64W	weld	

CHARGE TO <i>Noble</i>	OWNER
MAILING ADDRESS	OPERATOR <i>Noble</i>
CITY	CONTRACTOR <i>Cade 21</i>
STATE ZIP CODE	DISTANCE TO LOCATION
TIME ARRIVED ON LOCATION <i>2:00am</i>	TIME LEFT LOCATION <i>5:30am</i>

WELL DATA			PRESSURE LIMITATIONS		
HOLE SIZE	TUBING SIZE	PERFORATIONS		THEORETICAL	INSTRUCTED
<i>12 1/4</i>					
TOTAL DEPTH <i>575</i>	TUBING DEPTH	SHOTS/FT	SURFACE PIPE ANNULUS LONG		
<i>PBTD 527.73</i>	TUBING WEIGHT	OPEN HOLE	STRING		
CASING SIZE <i>8 5/8</i>	TUBING CONDITION		TUBING		

		TREATMENT VIA	TYPE OF TREATMENT	TREATMENT RATE
CASING DEPTH <i>570</i>			<input checked="" type="checkbox"/> SURFACE PIPE	BREAKDOWN BPM
CASING WEIGHT <i>2416</i>	PACKER DEPTH		<input type="checkbox"/> PRODUCTION CASING	INITIAL BPM
CASING CONDITION <i>good</i>			<input type="checkbox"/> SQUEEZE CEMENT	FINAL BPM

PRESSURE SUMMARY				
BREAKDOWN or CIRCULATING	psi	AVERAGE	psi	<input type="checkbox"/> ACID BREAKDOWN
FINAL DISPLACEMENT	psi	ISIP	psi	<input type="checkbox"/> ACID STIMULATION
ANNULUS	psi	5 MIN SIP	psi	<input type="checkbox"/> ACID SPOTTING
MAXIMUM	psi	15 MIN SIP	psi	<input type="checkbox"/> MISC PUMP
MINIMUM	psi			<input type="checkbox"/> OTHER

INSTRUCTIONS PRIOR TO JOB *Pig up, safety meeting, Psit test, Per Coman, circ 305 BBLs KCL H2O 2nd 10 w/ Dye mixe Pump*  
*243 SKs cement at 30% Excess at 1.27 yield at 152 lbs or and ill coman stops us, no more than 50% Excess unless*  
*add by Coman, Release Plug Disp 33.6 BBLs H2O, Bump Plug at 150 psi over Lift Psi, wait 5 min Release*  
*Psi, washup, Pig Down*  
*Arrived w/ 6.50 SKs cement 4 gal KCL 16oz Dye*  
*H2O test OK*  
*54.9 BBLs slurry*

JOB SUMMARY  
 DESCRIPTION OF JOB EVENTS *safety meeting 3:33am* *circ 4:03* *cement 4:10am*  
*Drop Plug 4:36am* *Displace 4:36am*

*10 BBLs AT 5.0 BBLs/m 4:39am 240psi* *used 98% Excess*  
*20 BBLs AT 5.0 BBLs/m 4:43am 330psi* *used 371 SKs cement*  
*30 BBLs AT 2.5 BBLs/m 4:47am 230psi* *83.9 BBLs slurry*  
*33.6 BBLs AT 1.0 BBLs/m 4:50am 220psi*  
*Bump Plug 4:50am 520psi*

*LSD w/ 279 SKs cement 3 gal 1st KCL & Dye* *BBLs Back 17*

*[Signature]* 11-25-11  
 AUTHORIZATION TO PROCEED TITLE DATE

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### B.O.C. Tailgate Safety Meeting Report

INVOICE 10594

Date 11-25-11 Time 3:33  AM  PM Meeting Facilitator Kirk Kallhoff  
 Facility Name and Location Zehnder 805-23 6012-53 Work to be Undertaken Surface Pipe  
 Nearest Emergency Medical Service Number (Other than 911) Creoley

**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 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 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 type="checkbox"/> Overhead Power Lines           | <input type="checkbox"/> _____   | <input type="checkbox"/> _____                                  |

**ADDITIONAL PPE REQUIREMENT (based on the job specific hazards, check all that apply)**

- |   |  |   |   |
|---|--|---|---|
| <b>Eyes/Face</b>                            | <b>Hands</b>                                       | <b>Feet</b>                               | <b>Other</b>  |
| <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"/> _____            | <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	<u>11-25-11</u>	Invoice Number	<u>10594</u>
Invoice Amount	_____	Well Permit Number	_____
Well Name	<u>Zehnder B</u>	Well Type	<u>Gas</u>
Well Location	<u>60 1/2 - 53</u>	Well Number	<u>05-23</u>
County	<u>weld</u>	Lease	_____
SEC/TWP/RNG	<u>S-5N-64W</u>	Job Type	<u>Surface Pipe</u>
State	<u>CO</u>	Company Name	<u>NOBLE</u>
Supervisor Name	<u>Kirk Kallhoff</u>	Customer Representative	<u>mike satten</u>
Employee Name	_____	Customer Phone Number	_____
	<u>Jessy</u>	Exposure Hours (Per Employee)	<u>3.5</u>
	<u>mike S</u>		<u>3.5</u>
	_____		_____
	_____		_____
Total Exposure Hours	_____	Did we encounter any problems on this job? Yes / <input checked="" type="radio"/> 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**

**CUSTOMER SATISFACTION RATING**

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

11-25-11  
 Date

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