



BISON

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

Invoice

| 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:

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

| | |
|-------------------------|------------|
| Subtotal | \$7,818.51 |
| Sales Tax (2.9%) | \$173.37 |
| Total | \$7,991.88 |
| Balance Due | \$7,991.88 |

№ 10594

| PRICE REFERENCE | DESCRIPTION | UNITS | | UNIT PRICE | AMOUNT | |
|--------------------|--|-------|-------|--------------------|--------------------|--|
| | | QTY. | MEAS. | | | |
| | Pump charge | 1 | each | 1400 ⁰⁰ | 1400 ⁰⁰ | |
| | BFLY III 3% BCLY-1, 25 lbs pers K BFLY-1 | 371 | SLS | 18 ²⁵ | 6770 ⁷⁵ | |
| | BCLY-1 | 3 | GTS | 7 ⁵⁰ | 22 ⁵⁰ | |
| | Dye | 16 | oz | 15 ⁰⁰ | 240 ⁰⁰ | |
| | Mileage 1.50 per mile 60 mile min Round trip | 3 | each | 180 ⁰⁰ | 540 ⁰⁰ | |
| | Data Acc | 1 | each | 225 ⁰⁰ | 225 ⁰⁰ | |

11/0017

9/19/83

DATE

FIELD APPROVAL

M. Sifton 11/05/11

ROUTE TO APPROVER

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

NO INVOICE WILL BE PAID WHO ALL
ATTACHED SIGNED FIELD TICKETS

(1379 74)

| | | | |
|--|--|----------------|--|
| BIG NAME & NUMBER: | | 7046 21 | |
| WELL NAME & NUMBER: | | Zephyr 205-23 | |
| AFE NUMBER | | 132752 | |
| TAXES WILL BE ADDED AT CORP. | | | |
| TASK (DRL, COMP, W/O, P&A) | | | |
| EXP TYPE: | | 1215 | |
| TAX REFERENCES | | | |
| ACTG CODE | | | |
| Loaded Miles | | 110 | |
| Total Weight | | 110 | |
| DOLLAR TOTAL BEING APPVD | | 9198.35 | |
| FIELD APPROVAL | | DATE | |
| ROUTE TO APPROVER | | M. Sifton 11/5 | |
| MAIL TO: NOBLE ENERGY INC. ATTN: ACCOUNTS PAYABLE 1625 BROADWAY, SUITE 2200 DENVER, CO 80202 NO INVOICE WILL BE PAID W/ ALL ATTACHED SIGNED FIELD TICKETS | | | |

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.

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

REF. INVOICE # 10594

LOCATION 60 1/2 - 53

FOREMAN Kirk Kallhoff
Jesse miles

TREATMENT REPORT

| | | | | | | |
|---------------------------------|-----------------------------|--------------|---------------------------|------------|----------------|-----------|
| DATE 11-25-11 | WELL NAME Zehnder BOS-23 | SECTION 5 | TWP 5N | RGE 64W | COUNTY weld | FORMATION |
| CHARGE TO Noble | | | OWNER | | | |
| MAILING ADDRESS | | | OPERATOR Noble | | | |
| CITY | | | CONTRACTOR Cade 21 | | | |
| STATE ZIP CODE | | | DISTANCE TO LOCATION | | | |
| TIME ARRIVED ON LOCATION 2:00am | | | TIME LEFT LOCATION 5:30am | | | |

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

| | | | | |
|-----------------------|---------------|-----------------------|--|----------------|
| CASING DEPTH 570 | TREATMENT VIA | TYPE OF TREATMENT | | TREATMENT RATE |
| CASING WEIGHT 2416 | PACKER DEPTH | [X] SURFACE PIPE | | BREAKDOWN BPM |
| CASING CONDITION good | | [] PRODUCTION CASING | | INITIAL BPM |
| | | [] SQUEEZE CEMENT | | FINAL BPM |

| PRESSURE SUMMARY | | | |
|------------------------------|----------------|----------------------|----------------------------------|
| BREAKDOWN or CIRCULATING psi | AVERAGE psi | [] ACID BREAKDOWN | MINIMUM BPM |
| FINAL DISPLACEMENT psi | ISIP psi | [] ACID STIMULATION | MAXIMUM BPM |
| ANNULUS psi | 5 MIN SIP psi | [] ACID SPOTTING | AVERAGE BPM |
| MAXIMUM psi | 15 MIN SIP psi | [] MISC PUMP | |
| MINIMUM psi | | [] OTHER | HYD HHP = RATE X PRESSURE X 40.8 |

INSTRUCTIONS PRIOR TO JOB Big up, safety meeting, Pstest, Per Coman, circ 305415 Kcl H2O 2nd 10 w/ Dye mix Pump
243 SKs cement at 30% Excess at 1.27 yield at 152 lbs or until coman stops us, no more than 50% Excess unless
told by Coman, Release Plug Disp 33.6 BBLs H2O, Bump Plug at 150 psi or Lift Psi, wait 5 min Release
Psi, washup, Big 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 4:13am Displace 4:13am

10 BBLs at 5.0 BBLs/m 4:13am 240psi used 98% Excess
20 BBLs at 5.0 BBLs/m 4:13am 330psi used 371 SKs cement
30 BBLs at 2.5 BBLs/m 4:17am 230psi 83.9 BBLs slurry
33.6 BBLs at 1.0 BBLs/m 4:50am 220psi
Bump Plug 4:50am 520psi

Lft w/ 279 SKs cement 3 gal 1st Kcl & Dye BBLs Back 17

AUTHORIZATION TO PROCEED

TITLE

DATE 11-25-11

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

B.O.C. Tailgate Safety Meeting Report

INVOICE 10574

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) Creeley

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)

| | | | |
|---|--|---|---|
| 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:



Bison Oil Well Cementing, Inc
1738 Wynkoop St., Ste. 102
Denver, CO 80202
303-296-3010
www.Bisonoilwell.com

Cementing Customer Satisfaction Survey

Service Date 11-25-11 Invoice Number 10594
Invoice Amount _____ Well Permit Number _____
Well Name Zehnder B Well Type Gas
Well Location 60 1/2 - 53 Well Number 05-23
County Weld Lease _____
SEC/TWP/RNG S-5N-L4W Job Type Surface Pipe
State CO Company Name Noble
Supervisor Name Kirk Kallhoff Customer Representative Mike Sitten
Employee Name _____ Customer Phone Number _____
Exposure Hours (Per Employee) _____
Jessy 3.5
Mike S 3.5
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

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

Customer Representative's Signature

Date

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