



BISON



FILE

Invoice

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

Date	Invoice #
1/4/2012	10746

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

Location	Well Name & No.	Terms	Job Type		
Weld CO	Powers X22 21D	Net 30	Surface Pipe		
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	300	Sack	18.25	5,475.00T
Discount 15%	Discount 15%			-15.00%	-821.25
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
Sugar	Sugar	10	lb	2.00	20.00T
Discount 15%	Discount 15%			-15.00%	-3.00
	Subtotal of Materials				4,906.62

Please Remit Payment To:

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

Subtotal	\$6,746.87
Sales Tax (2.9%)	\$142.29
Total	\$6,889.16
Balance Due	\$6,889.16

SUBJECT TO CORRECTION

"TAXES WILL BE ADDED AT CORPORATE OFFICE"

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%.

TOTAL

SUB TOTAL 956.00
TAX

TAX REFERENCES

Total Weight

Loaded
Miles

Ton
Miles[illegible]

Sugar

Date _____

Milage / 50 per mile Round Trip 60 mile min

Dye

Bely - 1

Cement BFWIII 3% BFA-1, 25185 BFA-1

Pump Charge

PRICE
REFERENCE

DESCRIPTION

UNITS

UNIT PRICE

AMOUNT

ALL TYPE

Shop 3

TYPE AND PURPOSE OF JOB

3107 + 3203

Wen 47 + 18

DELIVERED TO

WELL LOCATION

2902

CHARGE TO

WELL NO. AND FARM
Powers & Co 21-15

COUNTY

STATE

DATE _____

CONTRACTOR

21-4-1

SERVICE INVOICE

Nº 10746



1738 Wynkoop St., Ste. 102
Denver, Colorado 80202
Phone: 303-296-3010
Fax: 303-298-8143
E-mail: bisonoil@guestoffice.net

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

TREATMENT REPORT

DATE	1-4-12	WELL NAME	Powers x22 - 21-D	SECTION	22	TWP	2	RGE	45W	COUNTY	Leile	FORMATION	
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CHARGE TO	Noble	OWNER	
Mailing Address	Noble		
CITY	Zavisa 128		
STATE ZIP CODE	300		
TIME ARRIVED ON LOCATION	9:00 Am		
TIME LEFT LOCATION	3:00		

HOLE SIZE		12 1/4	TUBING SIZE	PERFORATIONS	TYPE OF TREATMENT		TREATMENT RATE		
TOTAL DEPTH		925	TUBING DEPTH	SHOTS/FT	SURFACE PIPE ANNULUS LONG	TUBING		BREAKDOWN BPM	
CASING SIZE		8 5/8	TUBING CONDITION	OPEN HOLE	STRING	TUBING		INITIAL BPM	
CASING DEPTH		917	TREATMENT VIA	TYPE OF TREATMENT					INITIAL BPM
CASING WEIGHT		24185	PACKER DEPTH	TYPE OF TREATMENT					BREAKDOWN BPM
CASING CONDITION		Good	TYPE OF TREATMENT						INITIAL BPM

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	$HYP\ HHP = RATE\ X\ PRESSURE\ X\ 40.8$



B.O.C. Tailgate Safety Meeting Report

INVOICE

10746

Date 1-4-12 Time 1:10 PM

Meeting Facilitator Mike Rosale

Work to be Undertaken

Surface Pipe

Facility Name and Location Powers 222 - 21-D

Nearest Emergency Medical Service Number (Other than 911)

OTIS Brinkman

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

Hazard Identification and Safety Briefing Discussion (Check and Discuss all Relevant Hazards)

- ☒ Job Safety Analysis Reviewed (if applicable)
- ☒ Hazardous Substance
- ☒ Hazardous Atmosphere
- ☒ Walking/Working Surfaces
- ☒ Noise Levels
- ☒ Sharp Edges
- ☒ Insects/Spikes/etc.
- ☒ MSDS's Reviewed
- ☒ Walk Around Site Assessment

Additional PPE Requirement (based on the job specific hazards, check all that apply)

- ☐ Eyes/Face
- ☐ Tinted Lenses
- ☐ Goggles
- ☐ 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

Additional Topics Covered: ☒ Muster Areas ☒ Communication Methods ☒ Means of Egress ☒ Emergency Equipment

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

Invoice Number	10746
Well Permit Number	Gas
Well Type	222-21-D
Lease	
Job Type	Gas
Company Name	Noble
Customer Representative	Deven
Customer Phone Number	
Employee Name	Rob Mark
Supervisor Name	M. W. Rasmussen
State	CO
SEC/TWP/RNG	32 - 0N 6SW
County	Weld
Well Location	
Well Name	Powers
Invoice Amount	
Service Date	1-4-12
Total Exposure Hours	
Did we encounter any problems on this job? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

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

CUSTOMER SATISFACTION RATING

Did our personnel perform to your satisfaction?	5
Did our equipment perform to your satisfaction?	5
Did we perform the job to the agreed upon design?	5
Did our products and materials perform as you expected?	5
Did we perform in a safe and careful manner (Pre / post migs, PPE, TSMR, etc..) ?	5
Did we perform in an environmentally sound manner (Spills, leaks, cleanup, etc..) ?	5
Was job performed as scheduled (On time to site, accessible to customer, completed when expected)?	5
Did the equipment condition and appearance meet your expectation?	5
How well did our personnel communicate during mobilization, rig up, and job execution?	5
What can we do to improve our service?	Improvement -

Please Circle:

Yes / No - Did an accident or injury occur? ☒ Yes ☒ No

Yes / No - Did an injury requiring medical treatment occur? ☒ Yes ☒ No

Yes / No - Did a first-aid injury occur? ☒ Yes ☒ No

Yes / No - Did a vehicle accident occur? ☒ Yes ☒ No

Yes / No - Was a post-job safety meeting held? ☒ Yes ☒ No

Please Circle:

Yes / No - Was a pre-job safety meeting held? ☒ Yes ☒ No

Yes / No - Was a job safety analysis completed? ☒ Yes ☒ No

Yes / No - Were emergency services discussed? ☒ Yes ☒ No

Yes / No - Did environmental incident occur? ☒ Yes ☒ No

Yes / No - Did any near misses occur? ☒ Yes ☒ No

THE INFORMATION HEREIN IS CORRECT -

Customer Representative's Signature

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

Date

1-4-12