



Bison Oil Well Cementing Inc.
1 738 Wynkoop St.
Suite 102
Denver, CO 80202
303-296-3010

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

Date	Invoice #
3/16/2012	11438

Invoice

Location	Well Name & No.	Terms	Job Type
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Weld, CO.	Booth CC 31-17D	Net 30	Surface Pump
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Item	Description	Qty	U/M	Rate	Amount
Pump surface	PUMP Charge-surface pipe	1		1,400.00	1,400.00
Discount 15%				-210.00	-210.00
MILEAGE	Mileage charge	360		1.50	540.00
Discount 15%				-81.00	-81.00
Data Acquisition ...	Data Acquisition Charge	1		225.00	225.00
Discount 15%				-33.75	-33.75
BFN III Winter ...	Subtotal of Services			18.25	1,840.25
Discount 15%				-15.00%	-15.00%
KCL Mud Flush	BFS 117)	5	qt	7.50	37.50T
Discount 15%				-15.00%	-5.63
Dye - 4880	Dye (Hot Pink 4880)	16	oz	15.00	240.00T
Discount 15%				-15.00%	-36.00
Sugar	Sugar	30	lb	2.00	60.00T
Discount 15%				-15.00%	-9.00
Subtotal of Materials					4,692.42

Please Remit Payment To:

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

Subtotal	\$6,532.67
Sales Tax (2.9%)	\$136.08
Total	\$6,668.75
Balance Due	\$6,668.75

BISON OIL WELL CEMENTING, INC.



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

SERVICE INVOICE

№ 11438

WELL NO. AND FARM		Booth AC 31-17D	
COUNTY	Weld	STATE	CO
WELL LOCATION		TWP. 11N RANGE 63W 54X04 1C14	
CHARGE TO		N03LC	

DELIVERED TO	22574P	LOCATION	1540P
SHIPPED VIA	3101-3204	LOCATION	2025740
TYPE AND PURPOSE OF JOB		WELL TYPE	3 540P
SURFACE PIPE		CODE	4115

PRICE REFERENCE	DESCRIPTION	QTY.	MEAS.	UNIT PRICE	AMOUNT
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Pump Charge	1	ea	1400.00	1400.00	
8 ft III 3% BCCA 1.2513849-1	284	SHS	18.25	5183.00	
BCCA-1	5	ea	7.50	37.50	
Dye	1	ea	15.00	15.00	
1.50 per mile 60 million compound	3	ea	180.00	540.00	
Dye Int	1	ea	225.00	225.00	
Sugar	30	lbs	2.00 LB	60.00	



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%.

"TAXES WILL BE ADDED AT CORPORATE OFFICE"

SUB TOTAL 7685.50
 TAX 2.9%
 TOTAL 7888.75

SUBJECT TO CORRECTION

Bison Oil Well Cementing, Inc. Representative

Customer or His Agent

Customers hereby acknowledge and specifically agree 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, CO 80202
303-296-3010
www.BisonOilWell.com



Cementing Customer Satisfaction Survey

Service Date	3-12-12
Invoice Amount	
Well Name	BOOTH
Well Location	22574110
County	Weld
SEC/TWP/RNG	31/4W/63W
State	CO
Supervisor Name	Postman
Employee Name	
Exposure Hours (Per Employee)	3.5
Invoice Number	11438
Well Permit Number	
Well Type	645
Well Number	2231-17D
Lease	
Job Type	SECURE P.O.C.
Company Name	WOBEC
Customer Representative	6424
Customer Phone Number	

Did we encounter any problems on this job? Yes/No 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

RATING / CATEGORY

Personnel	4
Equipment	4
Job Design	4
Product / Material	4
Health & Safety	4
Environmental	3
Timeliness	4
Condition / Appearance	4
Communication	4
Improvement	4

CUSTOMER SATISFACTION RATING

Did our personnel perform to your satisfaction? 4

Did our equipment perform to your satisfaction? 4

Did we perform the job to the agreed upon design? 4

Did our products and materials perform as you expected? 4

Did we perform in a safe and careful manner (Pre / post mtgs, PPE, TSMR, etc..)? 4

Did we perform in an environmentally sound manner (Spills, leaks, cleanup, etc..)? 4

Was job performed as scheduled (On time to site, accessible to customer, completed when expected)? 4

Did the equipment condition and appearance meet your expectation? 4

How well did our personnel communicate during mobilization, rig up, and job execution? 4

What can we do to improve our service? 4

Please Circle:

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

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

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

Yes/No - Did a vehicle accident occur? Yes

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

Additional Comments:

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

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

Yes/No - Were emergency services discussed? Yes

Yes/No - Did environmental incident occur? Yes

Yes/No - Did any near misses occur? Yes

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

3-12-12



1738 Wynkoop St., Ste. 107
Denver, Colorado 80202
Phone: 303-296-3010
Fax: 303-298-8143
E-mail: bisonoil1@qwestoffice.net

B.O.C. Tailgate Safety Meeting Report

INVOICE 114138

Date 3-16-12 Time 12:50

AM PM

Meeting Facilitator

Work to be Undertaken

Nearest Emergency Medical Service Number (Other than 911) 604-296-1177

Facility Name and Location BOC 604-296-1177

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)

- ☐ Positions of People
- ☐ Falling from Heights
- ☐ Slips/Trips/Falls
- ☐ Extreme Heat/Cold
- ☐ Electrical Current
- ☐ Overexertion/Heavy Lifting
- ☐ Spills/Leaks
- ☐ Flying Particles
- ☐ Overhead Power Lines
- ☐ Job Safety Analysis Reviewed (if applicable)
- ☐ NORM or Other Radiation
- ☐ Overhead work/suspended Loads/Chains/Slings
- ☐ Trapped Pressure
- ☐ Flammable/Combustible/Explosives
- ☐ Pinch Points/Moving/Rotating Equipment
- ☐ Waste Handling/Disposal
- ☐ Excavation Collapse
- ☐ Hazardous Substance
- ☐ Hazardous Atmosphere
- ☐ Walking/Working Surfaces
- ☐ Noise Levels
- ☐ Sharp Edges
- ☐ Insects/Spiders/etc.
- ☐ MSDS Reviewed
- ☐ Walk Around Site Assessment

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

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

Other Considerations and Field Notes: