



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

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

Invoice #	3/10/2012
11389	

Invoice

Location	Well Name & No.	Terms	Job Type
Weld, CO.	Booth CC 31-13	Net 30	Surface Pump

Item	Description	Qty	U/M	Rate	Amount
Pump surface	PUMP Charge-surface pipe	1		1,400.00	1,400.00
Discount 15%				-15.00%	-210.00
MILEAGE	Mileage charge	360		1.50	540.00
Discount 15%				-15.00%	-81.00
Data Acquisition ...	Data Acquisition Charge	1		225.00	225.00
Discount 15%				-15.00%	-33.75
BFN III Winter ...	Subtotal of Services			18.25	5,091.75T
Discount 15%				-15.00%	-763.76
KCL Mud Flush	(BHS 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					4,614.86

Please Remit Payment To:

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

Subtotal	\$6,455.11
Sales Tax (2.9%)	\$133.83
Total	\$6,588.94
Balance Due	\$6,588.94

Customer or His Agent

SUBJECT TO CORRECTION

"TAXES WILL BE ADDED AT CORPORATE OFFICE"

TAX

SUB TOTAL

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%.

TAX REFERENCES

WELL NO. AND FARM		CHARGE TO		WELL LOCATION		CONTRACTOR		DATE	
COUNTY	STATE	WELL LOCATION	SEC.	TWP.	RANGE	CONTRACTOR	DATE	STATE	CO.
Booth CC 31-13	Noble	Weld	31	4N	63W	Saxon 144	3-10-12	GO.	
DELIVERED TO		SHIPPED VIA		TYPE AND PURPOSE OF JOB		WELL TYPE		CODE	
WUP-57+40		3102 + 3203		Surface Pipe		3 Shop		6AS	
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1738 Wynkoop St., Ste. 102
Denver, Colorado 80202
Phone: 303-296-3010
Fax: 303-298-8143
E-mail: bisonoil1@qwestoffice.net



BISON OIL WELL CEMENTING, INC.

SERVICE INVOICE

№ 11389

May Stoplitz
AUTHORIZATION TO PROCEED

Left with 371 5th Cement 3 gts kcal

5-24-72

BBB Bx1 to P.T

Bump Plus 1-0 B.B./2 7:35 PM 500 PSI

44.7 B88 ct 1-0 B88/ln 735 Pa 300 Pct

110 BBS at 24 BBS/m 7.38 pm 340 PSI Flow Q/LC hold

30) BBIs at 5.0 BBb/m 7:32 PM 4/10 PST 5/10/09 63.10

20) BBLs at 5-1 BBLs/m 7:30 PM 360 PSI used 279 SKS Cement

10 B&S at 5-1 B&S/m 7:28 pm 220 PSI Used 1/1 0/0 EXCESS

Event stop 1:30 pm 1800 plug 1:34 pm 1800 plug 7:24 pm

DESCRIPTION OF JOB EVENTS

Arrived w/ 1650 SKS Cement @ 9:45 PM, 16 oz Lye Slurry

min Release ~~145~~ PST, Wash up Rig down
How Test Boat

man stops us, Release Plug Displace 44.7306, the Bump Plug 150 PSI over 1st wait couple

Dye, mix + Pump 317 S/Ks Cement (30% Excess) AT 1.07 yield at 15-2 1850 or unit / Compang

INSTRUCTIONS PRIOR TO JOB

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

PRESSURE SUMMARY

12.81	TUBING SIZE	PERFORATIONS					
750	TUBING DEPTH	SHOTS/FT					
16.02.91	TUBING WEIGHT	OPEN HOLE					
8.5/8	CASING SIZE	TUBING CONDITION					
744.04	CASING DEPTH	TREATMENT VIA					
24185	CASING WEIGHT	PACKER DEPTH					
6002	CASING CONDITION						

WELL DATA

CHARGE TO	Noble	OWNER	
MAILING ADDRESS		OPERATOR	Noble
CITY		CONTRACTOR	Saxon 144
STATE ZIP CODE		DISTANCE TO LOCATION	
TIME ARRIVED ON LOCATION	3:00 PM	TIME LEFT LOCATION	9:00

DATE	WELL NAME	SECTION	TWP	RGE	COUNTY	FORMATION
3-10-12	Booth CC 31-13	31	4N	63W	Weld	

TREATMENT REPORT

WELL CEMENTING



BISON OIL WELL CEMENTING, INC.

REF. INVOICE # 11389

LOCATION CKE 5740

FOREMAN Mike Rosalez

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	3-10-12	Invoice Number	11389
Invoice Amount		Well Permit Number	
Well Name	Booth	Well Type	Gas
Well Location	WCL 5740	Well Number	CC 31-13
County	Weld	Lease	
SEC/TWP/RNG	31 - 4N - 3W	Job Type	Surface Pipe
State	CO	Company Name	Alto
Supervisor Name	Mike Rosalez	Customer Representative	Gary
Employee Name		Customer Phone Number	
Total Exposure Hours		Exposure Hours (Per Employee)	6
		Did we encounter any problems on this job? Yes/No	No

- 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

- Personnel - 4
- Equipment - 4
- Job Design - 4
- Product / Material - 4
- Health & Safety - 4
- Environmental - 4
- 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

Please Circle:

- 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

Additional Comments:

THE INFORMATION HEREIN IS CORRECT -

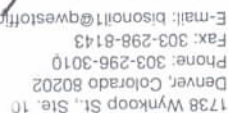
Customer Representative's Signature

Ray Stoltz

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

Date

3-10-12



INVOICE

11389

Nearest Emergency Medical Service Number (Other than 911) 676164

☒ Hard Hat ☒ Safety Glasses w/ side shields ☒ Safety Toed Footwear ☐ Personal Methane Monitor ☐ Verity Safety Training

HAZARD IDENTIFICATION AND SAFETY BRIEFING DISCUSSION (Check and Discuss all Relevant Hazards)

☐ Slips/Trips/Falls

☐ Overhead work/suspended Loads/Chains/Slings

☒ Walking/Working Surfaces

☐ Electrical Current
☒ Overexertion/Heavy Lifting
☒ Laminar/Composites/Exposures
☒ 12 inch Points/Moving/Rotating Equipment
☐ Sharp edges
☐ Insects/Snakes/etc.

☐ Frying Pantries ☒ Excavation Collapse ☐ Overhead Power Lines

Eyes/Face	Hands	Feet	Other

- ☐ Goggles
- ☐ Face shield
- ☐ Cotton or Leather Gloves
- ☐ Heat resistant gloves
- ☐ Dielectric Boots
- ☐ Cover Boots
- ☐ Supplied Air Respirator
- ☐ Personal H2S Monitor (if in sour area)

_____ ☐ _____ ☐

☐ Personal Fall Arrest Systems

☒ Muster Areas ☒ Communication Methods ☒ Means of Egress ☒ Emergency Equipment

Attendees (Signature)/Company

Handwritten signature: *[Signature]*

IR 3107011