



# BISON

## Invoice

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

Date	Invoice #
12/4/2011	10601

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

Location	Well Name & No.	Terms	Job Type		
Weld CO	Dechant D30-25D	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
HOURS	Wait Time	4		250.00	1,000.00
	Subtotal of Services				2,840.25
BFN III Winter ...	BFN III Blend	357	Sack	18.25	6,515.25T
Discount 15%	Discount 15%			-15.00%	-977.29
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)	10	oz	15.00	150.00T
Discount 15%	Discount 15%			-15.00%	-22.50
	Subtotal of Materials				5,697.33
					8,537.58

Please Remit Payment To:

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

<b>Subtotal</b>	\$8,537.58
<b>Sales Tax (2.9%)</b>	\$165.22
<b>Total</b>	\$8,702.80
<b>Balance Due</b>	\$8,702.80

1738 Wynkoop St., Ste. 102  
Denver, Colorado 80202  
Phone: 303-296-3010  
Fax: 303-298-8143  
E-mail: [bisonoil1@qwestoffice.net](mailto:bisonoil1@qwestoffice.net)

## SERVICE INVOICE

№ 10601

WELL NO. AND FARM Dechant D30-25D		COUNTY weld	STATE co	DATE 12-4-11	
CHARGE TO Noble		WELL LOCATION SEC. 30 TWP. 3N RANGE 64W		CONTRACTOR Ensign 128	
		DELIVERED TO 49-30		LOCATION 1 shop	CODE
		SHIPPED VIA 3101-3203		LOCATION 2 49-30	CODE
		TYPE AND PURPOSE OF JOB SurFace Pipe		LOCATION 3 shop	CODE
				WELL TYPE 645	CODE

[illegible]

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%.

RIG NO. WELL NAME & LOCATION PROJECT NO. TANK CODE, COLOR, & VOLUME ACTG CODE DOLLAR TOTAL OF INVOICE UST LEVEL APPROVAL PHO LEVEL APPROVAL DATE	ENG 10123 1247766 091-0017 1881.15 12/4/11	DENVER CO 80202 SUE 2200 1655 BROADWAY MAIL TO: NICE ENERGY INC. NO INVOICE WILL BE PAID WHO ALL ATTACHED SIGNED FIELD TICKET
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TAXES WILL BE ADDED AT CORPORATE OFFICE

**SUB TOTAL**

9867	75
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\_TAX

TOTAL

**SUBJECT TO CORRECTION**

Customer or His Agent

Bison Oil Well Cementing, Inc. Representative

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.



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Denver, Colorado 80202  
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Fax: 303-298-8143  
E-mail: bisonoil1@qwestoffice.net

REF. INVOICE # 10601

LOCATION 49-30

FOREMAN Kirk Kalihoff  
Jessy Richard

## TREATMENT REPORT

DATE	WELL NAME	SECTION	TWP	RGE	COUNTY	FORMATION
12-4-11	Dechant D30-25D	30	3N	64W	weld	

CHARGE TO Noble	OWNER
MAILING ADDRESS	OPERATOR Noble
CITY	CONTRACTOR Ensign 128
STATE ZIP CODE	DISTANCE TO LOCATION
TIME ARRIVED ON LOCATION 3:45am	TIME LEFT LOCATION 1:00pm

WELL DATA			PRESSURE LIMITATIONS		
HOLE SIZE 12 1/4	TUBING SIZE	PERFORATIONS		THEORETICAL	INSTRUCTED
TOTAL DEPTH 825	TUBING DEPTH	SHOTS/FT		SURFACE PIPE ANNULUS LONG	
PBTD 773.89	TUBING WEIGHT	OPEN HOLE		STRING	
CASING SIZE 8 5/8	TUBING CONDITION			TUBING	
CASING DEPTH 819.31		TREATMENT VIA	TYPE OF TREATMENT		TREATMENT RATE
CASING WEIGHT 2413	PACKER DEPTH		[ ] SURFACE PIPE		BREAKDOWN BPM
CASING CONDITION good			[ ] PRODUCTION CASING		INITIAL BPM
			[ ] SQUEEZE CEMENT		FINAL BPM
			[ ] ACID BREAKDOWN		MINIMUM BPM
			[ ] ACID STIMULATION		MAXIMUM BPM
			[ ] ACID SPOTTING		AVERAGE BPM
			[ ] MISC PUMP		
			[ ] OTHER		HYD HHP = RATE X PRESSURE X 40.8

PRESSURE SUMMARY		
BREAKDOWN or CIRCULATING psi	AVERAGE psi	
FINAL DISPLACEMENT psi	ISIP psi	
ANNULUS psi	5 MIN SIP psi	
MAXIMUM psi	15 MIN SIP psi	
MINIMUM psi		

INSTRUCTIONS PRIOR TO JOB Rig up, safety meeting, Psit test, Per Caman, Circ 5055s KCL H2O 2nd 10w/Dye, mix & Pump 349 sks cement at 30% Excess at 1.27 yield at 152 lbs or until caman stops us, no more than 50% Excess, Release Plug Disp 49.2 BBls H2O, Pump Plug At 150 Psi over Lift Psi, wait 5min Release Psi, wash up Rig Down, H2O test OK  
Arrived w/ 750 sks cement 4 gal KCL 16oz Dye 78.9 BBls slurry

JOB SUMMARY  
DESCRIPTION OF JOB EVENTS safety meeting 11:13 am circ 11:24 am cement 11:34 am  
Drop Plug 12:04 pm Displace 12:04 pm  
10 BBls At 5.5 BBls/lm 12:07 pm 210 psi used 32% Excess  
20 BBls At 5.0 BBls/lm 12:09 pm 310 psi used 357 sks cement  
30 BBls At 5.0 BBls/lm 12:11 pm 360 psi 80.7 BBls slurry  
40 BBls At 3.5 BBls/lm 12:13 pm 340 psi  
49.2 BBls At 1.0 BBls/lm 12:18 pm 300 psi  
Bump Plug NO Float held

LPT w/ 393 sks cement 2 gal 3gts KCL 6oz Dye BBls Back 8

(Paul W. Dem) WSS 12-4-11  
AUTHORIZATION TO PROCEED TITLE DATE

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

INVOICE 10601

Date 12-4-11 Time 11:15 ☒ AM ☐ PM Meeting Facilitator Kirk Kallhoff  
Facility Name and Location Dechant D30-25D 49:30 Work to be Undertaken Surface Pipe  
Nearest Emergency Medical Service Number (Other than 911) Greeley

### 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 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"/> Wetting/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 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"/> 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
<u>Richard H. Bisanz</u>	<u>[Signature]</u>
<u>[Signature]</u>	<u>[Signature]</u>
<u>[Signature]</u>	<u>[Signature]</u>
<u>[Signature]</u>	<u>[Signature]</u>

Other Considerations and Field Notes:

[Signature] (Noble)





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 12-4-11 Invoice Number 10601  
Invoice Amount \_\_\_\_\_ Well Permit Number \_\_\_\_\_  
Well Name Dechant D Well Type G.S  
Well Location 49-30 Well Number 30-25 D  
County Weld Lease \_\_\_\_\_  
SEC/TWP/RNG 30-3N-64W Job Type Surface Pipe  
State CO Company Name peble  
Supervisor Name Kirk Kalbfle Customer Representative Paul Dein  
Customer Phone Number \_\_\_\_\_  
Employee Name \_\_\_\_\_ Exposure Hours (Per Employee) 9.25  
Jessy 9.25  
Richard \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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

- |                                   |  |
|-----------------------------------|--|
| <u>4</u> Personnel -              | Did our personnel perform to your satisfaction ?   |
| <u>4</u> Equipment -              | Did our equipment perform to your satisfaction ?   |
| <u>4</u> Job Design -             | Did we perform the job to the agreed upon design ?   |
| <u>4</u> Product / Material -     | Did our products and materials perform as you expected ?   |
| <u>4</u> Health & Safety -        | Did we perform in a safe and careful manner ( Pre / post mtgs, PPE, TSMR, etc.. ) ?                |
| <u>4</u> Environmental -          | Did we perform in an environmentally sound manner ( Spills, leaks, cleanup, etc.. ) ?              |
| <u>4</u> Timeliness -             | Was job performed as scheduled (On time to site, accessible to customer, completed when expected)? |
| <u>4</u> Condition / Appearance - | Did the equipment condition and appearance meet your expectation?                                  |
| <u>4</u> Communication -          | How well did our personnel communicate during mobilization, rig up, and job execution?             |
| 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?

Additional Comments:

#### 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?

THE INFORMATION HEREIN IS CORRECT -

(Paul W. Dein)  
Customer Representative's Signature

12-4-11  
Date

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