



# 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



# 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 # 10601

LOCATION 49-30

FOREMAN Kirk Kallhoff  
Jessy Richard

## TREATMENT REPORT

DATE	WELL NAME	SECTION	TWP	RGE	COUNTY	FORMATION
12-4-11	Dechant D30-25D	30	3N	64W	weld	
CHARGE TO <u>Noble</u>		OWNER				
MAILING ADDRESS		OPERATOR <u>Noble</u>				
CITY		CONTRACTOR <u>Ensign 128</u>				
STATE ZIP CODE		DISTANCE TO LOCATION				
TIME ARRIVED ON LOCATION <u>3:45am</u>		TIME LEFT LOCATION <u>1:00pm</u>				

WELL DATA			PRESSURE LIMITATIONS		
HOLE SIZE	TUBING SIZE	PERFORATIONS	THEORETICAL		INSTRUCTED
12 1/4					
TOTAL DEPTH <u>825</u>	TUBING DEPTH	SHOTS/FT	SURFACE PIPE ANNULUS LONG		
<u>PBTD 773, 89</u>	TUBING WEIGHT	OPEN HOLE	STRING		
CASING SIZE <u>8 5/8</u>	TUBING CONDITION		TUBING		

CASING DEPTH <u>819.31</u>		TREATMENT VIA	TYPE OF TREATMENT		TREATMENT RATE
CASING WEIGHT <u>2413</u>	PACKER DEPTH		<input checked="" type="checkbox"/> SURFACE PIPE	BREAKDOWN BPM	
CASING CONDITION <u>good</u>			<input type="checkbox"/> PRODUCTION CASING	INITIAL BPM	
PRESSURE SUMMARY			<input type="checkbox"/> SQUEEZE CEMENT	FINAL BPM	
BREAKDOWN or CIRCULATING psi	AVERAGE psi		<input type="checkbox"/> ACID BREAKDOWN	MINIMUM BPM	
FINAL DISPLACEMENT psi	ISIP psi		<input type="checkbox"/> ACID STIMULATION	MAXIMUM BPM	
ANNULUS psi	5 MIN SIP psi		<input type="checkbox"/> ACID SPOTTING	AVERAGE BPM	
MAXIMUM psi	15 MIN SIP psi		<input type="checkbox"/> MISC PUMP		
MINIMUM psi			<input type="checkbox"/> OTHER	HYD HHP = RATE X PRESSURE X 40.8	

INSTRUCTIONS PRIOR TO JOB Rig up, safety meeting, Psitest, Per Coman, Circ 5055s KCL H2O 2nd 10w/Dye, mix & Pump 349 sks cement at 30% Excess at 127 yield at 152 lbs or until coman stops us, no more than 50% Excess, Release Plug Dip 49.2 BBls H2O, Bump Plug At 150 Psi over Lift Psi, wait 5min Release Psi, wash up Rig Down, H2O test OK  
Airced 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/m 12:07 pm 270 psi used 32% Excess  
20 BBls At 5.0 BBls/m 12:09 pm 310 psi used 357 sks cement  
30 BBls At 5.0 BBls/m 12:11 pm 360 psi 80.7 BBls slurry  
40 BBls At 3.5 BBls/m 12:13 pm 340 psi  
49.2 BBls At 1.0 BBls/m 12:18 pm 300 psi  
Bump Plug NO Front held

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

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

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.



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 Phone: 303-296-3010  
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 E-mail: bisonoil1@qwestoffice.net

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

INVOICE 10601

Date 12-4-11 Time 1115  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) Grreeley

**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"/> 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)**

- |   |  |   |   |
|---|--|---|---|
| <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>[Signature]</u>	<u>[Signature]</u>
<u>Richard St Bisaw</u>	<u>[Signature]</u>
<u>[Signature]</u>	<u>[Signature]</u>
<u>[Signature]</u>	<u>[Signature]</u>

Other Considerations and Field Notes:

[Signature] (Noble)

[Signature]  
[Signature]  
[Signature]  
[Signature]



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	<u>12-4-11</u>	Invoice Number	<u>10601</u>
Invoice Amount	_____	Well Permit Number	_____
Well Name	<u>Declant D</u>	Well Type	<u>Gas</u>
Well Location	<u>49-30</u>	Well Number	<u>30-25 D</u>
County	<u>Weld</u>	Lease	_____
SEC/TWP/RNG	<u>30-3N-64W</u>	Job Type	<u>Surface Pipe</u>
State	<u>CO</u>	Company Name	<u>Woble</u>
Supervisor Name	<u>Kirk Kalbfleis</u>	Customer Representative	<u>Paul Dein</u>
Employee Name	_____	Customer Phone Number	_____
		Exposure Hours (Per Employee)	_____
			<u>9.25</u>
			<u>9.25</u>
			_____
			_____
			_____
Total Exposure Hours	_____	Did we encounter any problems on this job? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

**To Be Completed By Customer**

- |  |                         |
|--|-------------------------|
| <b>Rating/Description</b>  | <b>Opportunity</b>      |
| 5 - Superior Performance ( Established new quality / performance standards )       | Best Practices          |
| 4 - Exceeded Expectations ( Provided more than what was required / expected )      | Potential Best Practice |
| 3 - Met Expectations ( Did what was expected )                                     | Prevention/Improvement  |
| 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	CUSTOMER SATISFACTION RATING
<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) \_\_\_\_\_ 12-4-11  
 Customer Representative's Signature Date

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