



Bison Oil Well Cementing Inc.
1738 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 | 1/29/2012 |
| Invoice # | 10854 |

Invoice

| | | | |
|----------|--------------------|--------|--------------|
| Location | Well Name & No. | Terms | Job Type |
| Weld CO | Sylvester G 06-30D | Net 30 | Surface Pipe |

| Item | Description | Qty | U/M | Rate | Amount |
|-----------------------|--------------------------|-----|------|----------|-----------|
| Pump surface | PUMP Charge-surface pipe | 1 | | 1,400.00 | -210.00 |
| Discount 15% | | | | | |
| MILEAGE | Milage charge | 180 | | 3.00 | -540.00 |
| Discount 15% | | | | | |
| Data Acquisitio... | Data Acquisition Charge | 1 | | 225.00 | -225.00 |
| Discount 15% | | | | | |
| BFN III Winter ... | Subtotal of Services | | | 1,840.25 | |
| Discount 15% | | | | | |
| BFN III Blend | | 226 | Sack | 18.25 | 4,124.50T |
| Discount 15% | | | | | |
| KCL Mud Flush | (BHS 117) | 4 | qt | 7.50 | 30.00T |
| Discount 15% | | | | | |
| Dye - 4880 | Dye (Hot Pink 4880) | 16 | oz | 15.00 | 240.00T |
| Discount 15% | | | | | |
| Subtotal of Materials | | | | | 3,735.32 |

Please Remit Payment To:

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

| | |
|------------------|------------|
| Subtotal | \$5,575.57 |
| Sales Tax (2.9%) | \$108.32 |
| Total | \$5,683.89 |
| Balance Due | \$5,683.89 |

SERVICE INVOICE

№ 10854

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

| | | | | | |
|-------------------------|--|-------------------|--|------------|---------|
| WELL NO. AND FARM | | COUNTY | | STATE | DATE |
| SYLVESTER 6-06-3010 | | WELLID | | CO | 1-29-12 |
| CHARGE TO | | WELL LOCATION | | CONTRACTOR | |
| NORBLE | | TWP. 5N RANGE 65W | | SPAXON 143 | |
| DELIVERED TO | | SHIPPED VIA | | LOCATION | |
| 4443541 & 443708 | | 3101 - 3204 | | 1500 | |
| TYPE AND PURPOSE OF JOB | | LOCATION | | CODE | |
| 5 INCH PIPE | | 244-7344 3715 | | 3400 | |
| WELL TYPE | | LOCATION | | CODE | |
| 645 | | 3400 | | 3400 | |

| PRICE REFERENCE | DESCRIPTION | QTY. | MEAS. | UNITS | UNIT PRICE | AMOUNT |
|-----------------|----------------------------------|------|-------|-------|------------|---------|
| | Pump & charge | 1 | cu | | 1400.00 | 1400.00 |
| | B 5N 14 390/300-1 1251349-1 | 220 | SHS | | 18.25 | 4015.00 |
| | REG-1 | 4 | QHS | | 7.150 | 28.60 |
| | DYC | 6 | U2 | | 15.00 | 90.00 |
| | MILN 5E 150P&R mile (concrete) 3 | EA | | | 180.00 | 540.00 |
| | | 1 | 217 | | 225.00 | 225.00 |

| | |
|----------------------------|-------------------|
| RIG NAME & NUMBER: | SPAXON 143 |
| WELL NAME & NUMBER: | Sylvester F31-37D |
| AFE NUMBER | 129146 |
| TASK (DRL, COMP, W/O, P&A) | 1.1 |
| EXP TYPE: | 17 |
| ACTG CODE: | |
| DOLLAR TOTAL BEING APPLD | 6557.50 |
| FIELD APPROVAL DATE: | 1-29-12 |

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% ENERGY INC. ATTN: ACCOUNTS PAYABLE 1625 BROADWAY, SUITE 2200 DENVER, CO. 80202 NO INVOICE WILL BE PAID W/O ALL ATTACHED SIGNED FIELD TICKETS

"TAXES WILL BE ADDED AT CORPORATE OFFICE"

SUB TOTAL 6557.50
TAX 299.00
TOTAL 6856.50

Bison Oil Well Cementing, Inc. Representative

Customer or His Agent

SUBJECT TO CORRECTION

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 | 1-24-12 |
| Invoice Amount | |
| Well Name | SALESTON |
| Well Location | Hwy 34 + Q237.5 |
| County | WCD |
| SEC/TWP/RNG | 31 / 5N / 15E |
| State | CO |
| Supervisor Name | Patricia D |
| Employee Name | Patricia D |
| Exposure Hours (Per Employee) | 3.5 |
| Invoice Number | 10854 |
| Well Permit Number | |
| Well Type | |
| Well Number | 606-300 |
| Lease | |
| Job Type | SLATE PIC |
| Company Name | VERBIC |
| Customer Representative | MIKE |
| Customer Phone Number | |
| Total Exposure Hours | 3.5 |
| 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

RATING / CATEGORY

CUSTOMER SATISFACTION RATING

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

- 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?

Please Circle:

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



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Denver, Colorado 80202
Phone: 303-296-3010
Fax: 303-296-8143
E-mail: bisonoil1@qwestoffice.net

B.O.C. Tailgate Safety Meeting Report

INVOICE 108574

Date 1-29-12 Time 10:30 AM ☐ PM ☒
Facility Name and Location 5465 STEEL 6-06-30D Work to be Undertaken 5465 STEEL 6-06-30D
Nearest Emergency Medical Service Number (Other than 911) 674-6744

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)

☒ Positions of People ☒ Job Safety Analysis Reviewed (if applicable)
☒ Falling from Heights ☒ NOBM or Other Radiation
☒ Slips/Trips/Falls ☒ Overhead work/suspended Loads/Chains/Slings
☒ Extreme Heat/Cold ☒ Trapped Pressure
☒ Electrical Current ☒ Flammable/Combustible/Explosives
☒ Overexertion/Heavy Lifting ☒ Pinch Points/Moving/Rotating Equipment
☒ Spills/Releases ☒ Waste Handling/Disposal
☒ Flying Particles ☒ Excavation Collapse
☒ Overhead Power Lines

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

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

Additional Topics Covered:

Attendees (Signature)/Company
Attendees (Signature)/Company
Other Considerations and Field Notes: