



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
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Date	4/5/2012
Invoice #	11466

Invoice

Location	Well Name & No.	Terms	Job Type
Weld, CO.	Dechant D31-32	Net 30	Surface Pump
Item	Description	Qty	U/M
Pump surface	PUMP Charge-surface pipe	1	
Discount 15%			1,400.00
MILEAGE	Mileage charge	360	
Discount 15%			540.00
Data Acquisition ...	Data Acquisition Charge	1	
Discount 15%			81.00
			225.00
Discount 15%			33.75
HOURS	Wait Time	3	
Discount 15%			750.00
BFN III Winter ...	BFN III Blend	300	Sack
Discount 15%			18.25
Discount 15%			5,475.00T
Discount 15%			-821.25
Discount 15%	(BHS 117)	5	qt
Discount 15%			7.50
Discount 15%			37.50T
Discount 15%			-5.63
Discount 15%	Dye (Hot Pink 4880)	16	oz
Discount 15%			15.00
Discount 15%			240.00T
Discount 15%			-36.00
Discount 15%	Sugar	10	lb
Discount 15%			2.00
Discount 15%			20.00T
Discount 15%			-3.00
Discount 15%	Subtotal of Materials		4,906.62
Subtotal of Services			2,590.25
Subtotal			\$7,496.87
Sales Tax (2.9%)			\$142.29
Total			\$7,639.16
Balance Due			\$7,639.16

Please Remit Payment To:

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

SERVICE INVOICE

№ 11466

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

WELL NO. AND FARM
Dechant D-31-32

COUNTY
Weld

STATE
Co

DATE
4-5-12

CHARGE TO

Noble

WELL LOCATION
SEC. 31

TWP. **3N**
 RANGE **64**

CONTRACTOR
Saxon 144

DELIVERED TO

WCR 49 T30

LOCATION

Shop

CODE

SHIPPED VIA

3102 3203

LOCATION

2 WCR 49 T30

CODE

TYPE AND PURPOSE OF JOB

Surface Pipe

LOCATION

Shop

CODE

WELL TYPE

Gas

CODE

PRICE REFERENCE

DESCRIPTION

UNITS

UNIT PRICE

AMOUNT

Pump Charge

EA

1400.00

1400.00

Cement Btm 3/8 BCR-1.25155/ks BCR-1

SKS

1825

5475.00

Backy-1

QTS

7.50

37.50

Mileage 150 perm. h. Round Trip 60ml m-n

EA

1800.00

5400.00

Dgt

16

15.00

240.00

Date Recy

EA

225.00

225.00

WAT Time

hrs

232.00

750.00

Sugar

10

2.00

20.00

SAISON 144
PREPARED 03-1-12
126948
01-1-0017
DRILL
8687.58
Y. Saxon 4/15/12
DATE
NO INVOICE RECEIVED AND
100% CREDIT
DENVER CO 80202
NO INVOICE WILL BE PAID UNTIL
ATTACHED TO THIS INVOICE

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

2.9%
 TAX

TOTAL

1190.63

8687.58

142.29

7639.16

SUBJECT TO CORRECTION

Mick Roney

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.



TREATMENT REPORT

DATE	4-5-12
WELL NAME	Dechant B-31-32
SECTION	31
TWP	3N
RGE	C4
COUNTY	Weld
FORMATION	

CHARGE TO	Noble
MAILING ADDRESS	Noble
CITY	Styron 144
STATE ZIP CODE	
TIME ARRIVED ON LOCATION	12:30 AM
TIME LEFT LOCATION	9:00 PM

WELL DATA		PRESSURE LIMITATIONS	
HOLE SIZE	12.14	THEORETICAL	INSTRUCTED
TUBING DEPTH	795	SURFACE PIPE ANNULUS LONG	
TUBING WEIGHT	743.58	STRING	
TUBING CONDITION	8 5/8	TUBING	
CASING DEPTH	988	TYPE OF TREATMENT	
CASING WEIGHT	24185	TREATMENT RATE	
CASING CONDITION	Good	BROFFACE PIPE	
PACKER DEPTH		BREAKDOWN BPM	
		INITIAL BPM	
		FINAL BPM	
BREAKDOWN or CIRCULATING	psi	SOEZE CEMENT	
AVERAGE	psi	ACID BREAKDOWN	
ISIP	psi	ACID STIMULATION	
FINAL DISPLACEMENT	psi	MAXIMUM BPM	
ANNULUS	psi	AVERAGE BPM	
MAXIMUM	psi	ACID SPOTTING	
15 MIN SIP	psi	MISC PUMP	
MINIMUM	psi	OTHER	
		HYD HHP = RATE X PRESSURE X 40.8	

INSTRUCTIONS PRIOR TO JOB	
Rig up, Satisfactory, PSI TEST 500 PSI, Circ 50 Bbls/hr, Killumy and 10 Dye, mix + Pump 38b s/s cement (30% excess) 1.27 gal, 15-2185 or unft. Company	
Run stopper us, Release plug Displace 473 Bbls/hr Bump Plug 150 PSI over lift, wait	
Luphmin Release PSI, Wash up, Rig Down	
Arrived with 750 s/s 12 gts KCL, 16 oz	

JOB SUMMARY	
DESCRIPTION OF JOB EVENTS	
Satisfactory 6:30 AM Circ 2:00 PM Cement Start 7:14 AM	
Cement Stop 7:41 PM Displace 7:45 AM	
10 Bbls at 5.3 Bbl/hr 8:14 AM 260 PSI	
20 Bbls at 5.3 Bbl/hr 7:51 PM 360 PSI	
30 Bbls at 5.3 Bbl/hr 7:53 AM 450 PSI	
40 Bbls at 3.2 Bbl/hr 7:55 AM 400 PSI	
117.3 Bbls at 1.0 Bbl/hr 7:59 AM 930 PSI	
Bump Plug at 1.0 Bbl/hr 7:55 PM 450 PSI	

Left well also s/s cement 7 gts KCL & Dye

BBls Back to PT (6)

Flow Color Held

Used 15 g/s excess used 300 s/s cement Slurry 6.785

DATE 4-5-12

TITLE

AUTHORIZATION TO PROCEED

Customers hereby acknowledge 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
 1738 Wynkoop St., Ste. 102
 Denver, CO 80202
 303-296-3010
 www.BisonOilWell.com

Cementing Customer Satisfaction Survey

Invoice Number 11466	Well Permit Number GAS	Well Type D-31-32	Lease Surface P.O.C	Company Name Noble	Customer Representative VERN	Customer Phone Number	Service Date 4-5-12	Invoice Amount	Well Name Dechant	Well Location WCR 49+30	County Weld	SEC/WP/RNG 31-32 64	Supervisor Name Carmel Casarez	Employee Name	Exposure Hours (Per Employee)	State	Supervisor Name	Service Date	Invoice Amount	Well Name	Well Location	County	SEC/WP/RNG	Supervisor Name	Employee Name	Exposure Hours (Per Employee)	State	Supervisor Name
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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

Personnel - 5
 Equipment - 4
 Job Design - 3
 Product / Material - 2
 Health & Safety - 1
 Environmental - 1
 Timeliness - 1
 Condition / Appearance - 1
 Communication - 1
 Improvement - 1

CUSTOMER SATISFACTION RATING

Did our personnel perform to your satisfaction? Yes / No
 Did our equipment perform to your satisfaction? Yes / No
 Did we perform the job to the agreed upon design? Yes / No
 Did our products and materials perform as you expected? Yes / No
 Did we perform in a safe and careful manner (Pre / post mtgs, PPE, TSMR, etc..)? Yes / No
 Did we perform in an environmentally sound manner (Spills, leaks, cleanup, etc..)? Yes / No
 Was job performed as scheduled (On time to site, accessible to customer, completed when expected)? Yes / No
 How well did our personnel communicate during mobilization, rig up, and job execution? Yes / No
 What can we do to improve our service? Yes / No

Please Circle:
 Yes / No - Did an accident or injury occur? Yes / No
 Yes / No - Did an injury requiring medical treatment occur? Yes / No
 Yes / No - Did a first-aid injury occur? Yes / No
 Yes / No - Did a vehicle accident occur? Yes / No
 Yes / No - Was a post-job safety meeting held? Yes / No
 Yes / No - Were emergency services discussed? Yes / No
 Yes / No - Did environmental incident occur? Yes / No
 Yes / No - Did any near misses occur? Yes / No

Additional Comments:

THE INFORMATION HEREIN IS CORRECT - *[Signature]*
 Customer Representative's Signature

Date
4-5-12

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



B.O.C. Tailgate Safety Meeting Report

INVOICE #11466

Date: 4-5-12 Time: 6:30 AM PM Meeting Facilitator: Mike Rosalez

Facility Name and Location: Dechant D-31-32 49R30 Work to be Undertaken: Surface Pipe

Nearest Emergency Medical Service Number (Other than 911): Grecky

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)

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

- Additional Topics Covered:
- Muster Areas
- Communication Methods
- Means of Egress
- Emergency Equipment

Attendees (Signature)/Company: *[Signatures]*

Attendees (Signature)/Company: *[Signatures]*

Attendees (Signature)/Company: *[Signatures]*

Attendees (Signature)/Company: *[Signatures]*

Attendees (Signature)/Company: *[Signatures]*

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Other Considerations and Field Notes: