



BISON

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

Invoice

Date	Invoice #
1/24/2012	10884

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

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	1,400.00
Discount 15%	Discount 15%			-15.00%	-210.00
MILEAGE	Mileage charge	180		3.00	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	2		250.00	500.00
	Subtotal of Services				2,340.25
BFN III Winter ...	BFN III Blend	279	Sack	18.25	5,091.75T
Discount 15%	Discount 15%			-15.00%	-763.76
KCL Mud Flush	(BHS 117)	4	qt	7.50	30.00T
Discount 15%	Discount 15%			-15.00%	-4.50
Dye - 4880	Dye (Hot Pink 4880)	10	oz	15.00	150.00T
Discount 15%	Discount 15%			-15.00%	-22.50

Please Remit Payment To:

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

Subtotal	\$6,821.24
Sales Tax (2.9%)	\$129.95
Total	\$6,951.19
Balance Due	\$6,951.19

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



SERVICE INVOICE

Nº 10884

WELL NO. AND FARM <i>Sylvester 606-30D</i>	COUNTY <i>weld</i>	STATE <i>CO</i>	DATE <i>1-24-12</i>
CHARGE TO <i>Noble</i>	WELL LOCATION SEC. <i>36</i> TWP. <i>5N</i> RANGE <i>66W</i>		CONTRACTOR <i>Saxon 143</i>
DELIVERED TO <i>394-37.5</i>		LOCATION <i>1 Shop</i>	CODE
SHIPPED VIA <i>3103-3203</i>		LOCATION <i>2 394-37.5</i>	CODE
TYPE AND PURPOSE OF JOB <i>Surface Pipe</i>		LOCATION <i>3 Shop</i>	CODE
		WELL TYPE <i>Gas</i>	CODE

PRICE REFERENCE	DESCRIPTION	UNITS		UNIT PRICE	AMOUNT	
		QTY.	MEAS.			
	Pump charge	1	each	1400 ⁰⁰	1400	00
	BFW III 3% BCCA-1, 25136 Per SK BFLY-1	279	SKS	18 ²⁵	5091	75
	BCLY-1	4	CS	7 ⁵⁰	30	00
	Dye	10	oz	15 ⁰⁰	150	00
	mileage ⁴ 1.50 per mile 60 mile min Permit Trip	3	each	180 ⁰⁰	540	00
	Dada Acc	1	each	225 ⁰⁰	225	00
	Just	2	hrs	250 ⁰⁰	500	00

MAIL TO: NOBLE ENERGY INC. ATTN: ACCOUNTS PAYABLE 1825 BROADWAY, SUITE 2200 DENVER, CO 80202 NO INVOICE WILL BE PAID W/O A ATTACHED SIGNED FIELD TICKET	ROUTE TO APPROVER	DATE	ACTG CODE <i>011-0017</i>	DOLLAR TOTAL BEING APVD <i>7936.75</i>	EXP TYPE	TASK (OR) COMP., W/O, P&A	WELL NAME & NUMBER <i>Sylvester 606-30D</i>	WELL NUMBER <i>189144</i>	PRO NAME & NUMBER <i>Saxon 143</i>
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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

SUB TOTAL
2990 TAX

"TAXES WILL BE ADDED AT CORPORATE OFFICE"

TOTAL

SUBJECT TO CORRECTION

(Paul W. Dem)

Customer or His Agent

KCP
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
Phone: 303-296-3010
Fax: 303-298-8143
E-mail: bisonoil1@qwestoffice.net

REF. INVOICE # 10884
LOCATION 394-37.5
FOREMAN Kirk Kallhoff
Trucker Dario

TREATMENT REPORT

DATE	WELL NAME	SECTION	TWP	RGE	COUNTY	FORMATION
1-24-12	Slyvester G06-30D	36	5N	65W	Weld	
CHARGE TO Noble		OWNER				
MAILING ADDRESS		OPERATOR Noble				
CITY		CONTRACTOR Saxon 143				
STATE ZIP CODE		DISTANCE TO LOCATION				
TIME ARRIVED ON LOCATION 4:00 am		TIME LEFT LOCATION 10:30 am				

WELL DATA			PRESSURE LIMITATIONS	
HOLE SIZE 12 1/4	TUBING SIZE	PERFORATIONS	THEORETICAL	INSTRUCTED
TOTAL DEPTH 667	TUBING DEPTH	SHOTS/FT	SURFACE PIPE ANNULUS LONG	
P3TD 613	TUBING WEIGHT	OPEN HOLE	STRING	
CASING SIZE 8 5/8	TUBING CONDITION		TUBING	
CASING DEPTH 657		TREATMENT VIA	TYPE OF TREATMENT	
CASING WEIGHT 24 lb	PACKER DEPTH		<input checked="" type="checkbox"/> SURFACE PIPE	BREAKDOWN BPM
CASING CONDITION sand			<input type="checkbox"/> PRODUCTION CASING	INITIAL BPM
			<input type="checkbox"/> SQUEEZE CEMENT	FINAL BPM
			<input type="checkbox"/> ACID BREAKDOWN	MINIMUM BPM
			<input type="checkbox"/> ACID STIMULATION	MAXIMUM BPM
			<input type="checkbox"/> ACID SPOTTING	AVERAGE BPM
			<input type="checkbox"/> MISC PUMP	
			<input type="checkbox"/> 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 Rigs up, safety meeting, Bit test, Per (man) Circ 40 BBLS Kel M20, 2nd 10w/ Dye, mix & Pump 282 SKS cement at 30% excess at 1.27 yield at 1512 lbs, or until cement stops up, Release Plug Displace 39 BBLS M20 Bump Plug at 150 PSI over Lift PSI, wait 5 min Release PSI, wash up Rigs Down
H2O test OK
Arrived w/ 750 SKS cement 4 gal Kel 16oz Dye 63.7 BBLS slurry

JOB SUMMARY
DESCRIPTION OF JOB EVENTS safety meeting 8:56 am Rigs 9:05 am cement 9:12 am
Drop Plug 9:30 am Displace 9:30 am

10 BBLS AT 6.0 BBLS/m	9:33 am	250 psi	used 28% excess
20 BBLS AT 6.0 BBLS/m	9:34 am	400 psi	used 279 SKS cement
30 BBLS AT 3.0 BBLS/m	9:36 am	300 psi	63.1 BBLS slurry
39 BBLS AT 1.0 BBLS/m	9:40 am	250 psi	
Bump Plug	9:40 am	700 psi	

Lftw/ 471 SKS cement 3 gal Kel 6oz Dye BBLS Back 6

AUTHORIZATION TO PROCEED (Paul L. Dem) Noble WSS DATE 1-24-12

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
1738 Wynkoop St., Ste. 102
Denver, CO 80202
303-296-3010
www.Bisonoilwell.com

Cementing Customer Satisfaction Survey

Service Date 1-24-12 Invoice Number 10884
Invoice Amount _____ Well Permit Number _____
Well Name Sylvester 6 Well Type Gas
Well Location 394-37.5 Well Number 06-300
County Weld Lease _____
SEC/TWP/RNG 36-SW 66W Job Type Surface Pipe
State CO Company Name Weste
Supervisor Name Kirk Kallhoff Customer Representative Paul Deim
Customer Phone Number _____
Employee Name _____ Exposure Hours (Per Employee) 6.5
Tucker 6.5
Dario _____

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

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

CUSTOMER SATISFACTION RATING

- 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 mtgs, 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? - Fix packing

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. Deim
Customer Representative's Signature

1-24-12
Date

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



INVOICE 10884

Date 1-21-12 Time 8:56 ☒ AM ☐ PM Meeting Facilitator Kirk Kaalhoof
Facility Name and Location Sylvester 606-300 394-3715 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"/> 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)

<u>Eyes/Face</u>	<u>Hands</u>	<u>Feet</u>	<u>Other</u>
<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
	
	
 SES	
 CTA	 (Viable)

Other Considerations and Field Notes: