



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	2/23/2012
Invoice #	10710

Invoice

Location	Well Name & No.	Terms	Job Type		
Weld, CO.	McGunkin H32-31	Net 30	Surface Pump		
Item	Description	Qty	U/M	Rate	Amount
Pump surface	PUMP Charge-surface pipe	1		1,400.00	-210.00
Discount 15%				1.50	-81.00
MILEAGE	Milage charge	360		225.00	-33.75
Discount 15%				250.00	750.00
HOURS	Wait Time	3		2,590.25	
Subtotal of Services					
BFN III Winter ...	BFN III Blend	313	Sack	18.25	5,712.25T
Discount 15%				-15.00%	-856.84
KCL Mud Flush	(BHS 117)	5	qt	7.50	37.50T
Discount 15%				-15.00%	-5.63
Dye - 4880	Dye (Hot Pink 4880)	16	oz	15.00	240.00T
Discount 15%				-15.00%	-36.00
Subtotal of Materials					5,091.28
Subtotal				\$7,681.53	
Sales Tax (2.9%)				\$147.65	
Total				\$7,829.18	
Balance Due				\$7,829.18	

Please Remit Payment To:
 Bison Oil Well Cementing, Inc.
 P.O. Box 29671
 Thornton, CO 80229

BISON OIL WELL CEMENTING, INC.



1738 Wynkoop St., Ste. 102
 Denver, Colorado 80202
 Phone: 303-296-3010
 Fax: 303-298-8143
 E-mail: bisonoil@gwoffice.net

TREATMENT REPORT

DATE	2-23-12	WELL NAME	McGuckin H 32-31	SECTION	32	TWP	3N	RGE	65W	COUNTY	Weld	FORMATION
------	---------	-----------	------------------	---------	----	-----	----	-----	-----	--------	------	-----------

CHARGE TO	Noble	OWNER	
MAILING ADDRESS		OPERATOR	Noble
CITY		CONTRACTOR	
STATE ZIP CODE		DISTANCE TO LOCATION	
TIME ARRIVED ON LOCATION	3:20 AM	TIME LEFT LOCATION	10:30 AM

HOLE SIZE	12 1/4	PERFORMATIONS	
TUBING DEPTH	875	SURFACE PIPE ANNULLUS LONG	
TUBING WEIGHT	P8TD 822.06	STRING	
CASING DEPTH	861.96	TUBING	
CASING WEIGHT	2416	TYPE OF TREATMENT	
CASING CONDITION	Good	TREATMENT RATE	

MINIMUM	psi	15 MIN SIP	psi
MAXIMUM	psi	5 MIN SIP	psi
ANNULUS	psi	ISIP	psi
FINAL DISPLACEMENT	psi	ACID BREAKDOWN	psi
BREAKDOWN or CIRCULATING	psi	ACID BREAKDOWN	psi
PRESSURE SUMMARY			
SOEZE CEMENT		INITIAL BPM	
PRODUCTION CASING		FINAL BPM	
SURFACE PIPE		BREAKDOWN BPM	

INSTRUCTIONS PRIOR TO JOB	Rig up, Safety meeting, For Company Man, Cica 50 bbls. H ₂ O with KCL + Dyex 16 in 200
DESCRIPTION OF JOB EVENTS	Safety meeting 8:30am, Cica 9:02am, Cement 9:10am to 9:30am
DESCRIPTION OF JOB EVENTS	Drop plug 9:31am, Displace 9:32am
DESCRIPTION OF JOB EVENTS	10 bbls 200 PSI 9:33am 7.0 bbls/m
DESCRIPTION OF JOB EVENTS	20 bbls 300 PSI 9:35am 7.0 bbls/m
DESCRIPTION OF JOB EVENTS	30 bbls 350 PSI 9:36am 7.0 bbls/m
DESCRIPTION OF JOB EVENTS	40 bbls 460 PSI 9:38am 7.0 bbls/m
DESCRIPTION OF JOB EVENTS	50 bbls 380 PSI 9:42am 1.0 bbls/m
DESCRIPTION OF JOB EVENTS	52.3 bbls 380 PSI 9:43am 1.0 bbls/m
DESCRIPTION OF JOB EVENTS	Bump plug 510 PSI at 9:43am float collar held
DESCRIPTION OF JOB EVENTS	USED 10% Excess = 313 SKS, 70.79 bbls slurry
DESCRIPTION OF JOB EVENTS	Left with 287 SKS, 16 oz dye, 5 RTs. KCL
DESCRIPTION OF JOB EVENTS	6 Bbls slurry to the P.T

With out talking to company man, Drop plug, Displace 52.3 bbls H₂O, Bump plug at 150 PSI over lift
 10 bbls, Mix + pump Tell dye is seen then pump Tub only at 15.2 lbs. 1.27 yield, Don't go over 30% Excess
 Rig up, Safety meeting, For Company Man, Cica 50 bbls. H₂O with KCL + Dyex 16 in 200
 Bump plug 510 PSI at 9:43am, Displace 9:32am
 10 bbls 200 PSI 9:33am 7.0 bbls/m
 20 bbls 300 PSI 9:35am 7.0 bbls/m
 30 bbls 350 PSI 9:36am 7.0 bbls/m
 40 bbls 460 PSI 9:38am 7.0 bbls/m
 50 bbls 380 PSI 9:42am 1.0 bbls/m
 52.3 bbls 380 PSI 9:43am 1.0 bbls/m
 Bump plug 510 PSI at 9:43am float collar held
 USED 10% Excess = 313 SKS, 70.79 bbls slurry
 Left with 287 SKS, 16 oz dye, 5 RTs. KCL
 6 Bbls slurry to the P.T

AUTHORIZATION TO PROCEED: *[Signature]*

DATE: 2-23-12

TITLE: _____

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

Service Date	2-23-12	Invoice Amount	McGackin H
Well Name	WCR 39+28	Well Location	Weld
SEC/TW/P/RNG	72-3N-65W	Job Type	Surface Pipe
State	Colo.	Customer Representative	M. Ke S.
Supervisor Name	Calvin Reimers	Customer Phone Number	
Employee Name	Tucker Paris	Company Name	Noble
Total Exposure Hours		Well Type	Gas
Did we encounter any problems on this job? Yes <input type="radio"/> No <input checked="" type="radio"/>		Well Number	32-31
		Lease	
		Well Permit Number	
		Invoice Number	10710

- 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

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

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

Did the equipment condition and appearance meet your expectation? 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?

Please Circle:

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? Yes / No

Did an environmental incident occur? Yes / No

Were emergency services discussed? Yes / No

Did any near misses occur? Yes / No

THE INFORMATION HEREIN IS CORRECT - *[Signature]*

Customer Representative's Signature _____

Date 2-23-12

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

1738 Wynkoop St., Ste. 11
 Denver, Colorado 80202
 Phone: 303-296-3010
 Fax: 303-298-8143
 E-mail: bisonoil@gwestoffice.net



B.O.C. Tailgate Safety Meeting Report

INVOICE 10710

Date 2-23-12 Time 8:30 AM PM

Meeting Facilitator Calvin Reimers

Facility Name and Location Mr Guckin H 32-31 Work to be Undertaken Surface Pipe

Nearest Emergency Medical Service Number (Other than 911) 32-31 GARLEY

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

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 <u>Calvin Reimers</u>	Attendees (Signature)/Company <u>Mr Guckin H 32-31</u>
Attendees (Signature)/Company <u>Mr Guckin H 32-31</u>	Attendees (Signature)/Company <u>Mr Guckin H 32-31</u>

Other Considerations and Field Notes: