



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

Nº 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 6-06-3610		WELCH		CO		1-29-12	
CHARGE TO		WELL LOCATION		SEC.		CONTRACTOR	
NORBLE		TWP. 5N RANGE 65W		31		SAXON 143	
DELIVERED TO		SHIPPED VIA		TYPE AND PURPOSE OF JOB		WELL TYPE	
4443541 & 443708		3101		5 INCHES PIPE		3 5/8" CP	
LOCATION		LOCATION		LOCATION		LOCATION	
1 5/8" CP		2 1/2" CP		2 1/2" CP		2 1/2" CP	
CODE		CODE		CODE		CODE	
1 5/8" CP		2 1/2" CP		2 1/2" CP		2 1/2" CP	
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1 5/8" CP		2 1/2" CP		2 1/2" CP		2 1/2" CP	
CODE		CODE		CODE		CODE	
1 5/8" CP		2 1/2" CP		2 1/2" CP		2 1/2" CP	

PRICE REFERENCE	DESCRIPTION	QTY.	MEAS.	UNITS	UNIT PRICE	AMOUNT
	Pump & Casing	1	CU		1400.00	1400.00
	B 5N 14 390/360-1 2513FLA-1	226	SHS		18.25	4124.50
	REG-1	4	QHS		7.150	28.60
	DYC	6	QZ		15.00	90.00
	MILN 5E 150P&R mile (concrete) 3	EA			180.00	540.00
		1	MT		225.00	225.00

RIG NAME & NUMBER:	Saxon 143
WELL NAME & NUMBER:	Sylvester F31-37D
DATE:	129146
TASK (DRL, COMP, W/O, P&A):	1.1
EXP TYPE:	17
ACTG CODE:	
DOLLAR TOTAL BEING APPLIED:	6557.50
FIELD APPROVAL DATE:	1-25-12

SUB TOTAL 6557.50  
TAX 2.97%  
TOTAL 6763.89

"TAXES WILL BE ADDED AT CORPORATE OFFICE"

Bison Oil Well Cementing, Inc. Representative

Customer or His Agent

SUBJECT TO CORRECTION

TAX REFERENCES

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. 1625 BROADWAY, SUITE 2200 DENVER, CO. 80202 NO INVOICE WILL BE PAID W/O ALL ATTACHED SIGNED FIELD TICKETS





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

- 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 ?

### CUSTOMER SATISFACTION RATING

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?
- 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?

Additional Comments:

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

INVOICE 108574

Date 1-29-12 Time 10:30 AM ☐ PM ☐ Meeting Facilitator Patricia  
Facility Name and Location 5465 STE 6-06-3010 Work to be Undertaken Sanftit ac pipe  
Nearest Emergency Medical Service Number (Other than 911) 611-611-611

### 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/Leaks ☐ 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: \_\_\_\_\_  
\_\_\_\_\_