



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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Invoice #	11441
Date	3/22/2012

Invoice

Location	Well Name & No.	Terms	Job Type
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Weld, CO.	Dechant D31-30 D	Net 30	Surface Pump
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Item	Description	Qty	U/M	Rate	Amount
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Pump surface	PUMP Charge-surface pipe	1		1,400.00	1,400.00
Discount 15%				-15.00%	-210.00
MILEAGE	Mileage charge	360		1.50	540.00
Discount 15%				-15.00%	-81.00
Data Acquisition ...	Data Acquisition Charge	1		225.00	225.00
Discount 15%				-15.00%	-33.75
BFN III Winter ...	BFN III Blend	300	Sack	18.25	5,475.00T
Discount 15%				-15.00%	-821.25
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					4,889.62

Please Remit Payment To:

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

Subtotal	\$6,729.87
Sales Tax (2.9%)	\$141.80
Total	\$6,871.67
Balance Due	\$6,871.67

Customer or His Agent

SUBJECT TO CORRECTION

"TAXES WILL BE ADDED AT CORPORATE OFFICE"

TOTAL

TAX 29%

SUB TOTAL

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 1.85%.

DRILLING

RIG NO	5A20N144
WELL NAME NO	12955
PRODUCER (NO)	12955
DATE (DAY MONTH YEAR)	25/5/2014
ACTG CODE	11001
DOLLAR TOTAL BEND APPROV	11001
1ST (LOCAL) NAME	11001
DATE	25/5/2014
2ND LEVEL APPROVAL	

PRICE REFERENCE	DESCRIPTION	UNITS	QTY.	MEAS.	UNIT PRICE	AMOUNT
	Pump Diffuser		1	ea	1400.00	1400.00
	BSH II 3% BSH-1.25 LBS R 12 ft 14-1		300	5 HS	18.25	5475.00
	BSH-1		5	QTS	7.50	37.50
	PTC		16	QZ	25.00	240.00
	m. 1448 1.50 per line (bore hole in line)			ea	180.00	540.00
	Daguerre		1	ea	225.00	225.00

WELL NO. AND FARM		COUNTY	STATE	DATE
Dedham D 31-307		Weld	CO	3-22-12
CHARGE TO		WELL LOCATION		CONTRACTOR
MOBILE		SEC. 25 TWP. 32N RANGE 65W		545041441
DELIVERED TO		LOCATION		CODE
0449 + 30		1540P		
SHIPPED VIA		LOCATION		CODE
3/01 3203		20248-30		
TYPE AND PURPOSE OF JOB		LOCATION		CODE
		3540P		
		WELL TYPE		CODE
SUBMIT P 10P		645		

1738 Wynkoop St., Ste. 102
Denver, Colorado 80202
Phone: 303-296-3010
Fax: 303-298-8143
E-mail: bisono11@qwestoffice.net



BISON OIL WELL CEMENTING, INC.

SERVICE INVOICE

114411 0=N



TREATMENT REPORT

DATE	3-22-12	WELL NAME	DECATUR D 71-30 D	SECTION	25	TWP	3N	RGE	C5W	COUNTY	Weld	FORMATION	
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CHARGE TO	WOBLE	OWNER	
MAILING ADDRESS		OPERATOR	WOBLE
CITY		CONTRACTOR	5444444
STATE ZIP CODE		DISTANCE TO LOCATION	
TIME ARRIVED ON LOCATION	4:55	TIME LEFT LOCATION	1:30 PM

WELL DATA		PRESSURE LIMITATIONS	
HOLE SIZE	12 1/2	TUBING SIZE	
TUBING DEPTH	888	SURFACE PIPE ANNULUS LONG	
TUBING WEIGHT	833.33	STING	
CASING SIZE	8 5/8	TUBING	
CASING DEPTH	876.39	TREATMENT VIA	
CASING WEIGHT	24#	PACKER DEPTH	
CASING CONDITION	Good		

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		
		[] OTHER	

INSTRUCTIONS PRIOR TO JOB			
Rig up, setting, pull down wire 50 BBS Haul with HCL			
Don't go over 3000 access with out talking to co-man, drop pipe 10' place 83 BBS			
H2O, Bump plug 15' position left 15', right 5' minus pressure, wash plug rig down			
WOBLE 7005 HNS 1602 DXE			

JOB SUMMARY	
DESCRIPTION OF JOB EVENTS	
After 10' H2O mix 11:00 AM - 11:50	
D/S/Place 11:50	

10	11:56	210 PSI	5 BBS min
20	11:59	130 PSI	3 BBS min
30	12:01	140 PSI	6.7 BBS min
40	12:03	140 PSI	6 BBS min
50	12:05	270	2 BBS min
53	12:08	300 PSI	1 BBS min
Bump plug 520 PSI at 12:08 PM			
4520 390 PSI = 3005 HNS 6.7 BBS SLURRY			

AUTHORIZATION TO PROCEED	
TITLE	
DATE	
3-22-12	

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	3-22-12
Invoice Amount	
Well Name	DEARTH
Well Location	6049430
County	WELD
SEC/TWP/RNG	25 32 65W
State	CO
Supervisor Name	Patricia
Employee Name	
Exposure Hours (Per Employee)	4
Invoice Number	11441
Well Permit Number	495
Well Type	
Well Number	031-300
Lease	
Job Type	SURFACE PIPE
Company Name	WELL
Customer Representative	SHAN
Customer Phone Number	
Total Exposure Hours	
Did we encounter any problems on this job? Yes / 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	2
Equipment	4
Job Design	5
Product / Material	5
Health & Safety	5
Environmental	5
Timeliness	5
Condition / Appearance	5
Communication	5
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? ☒ 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

Additional Comments:

THE INFORMATION HEREIN IS CORRECT -

Customer Representative's Signature

[Signature]

Date

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

3-22-12

B.O.C. Tailgate Safety Meeting Report

1738 Wynkoop St., Ste. 17
Denver, Colorado 80202
Phone: 303-296-3010
Fax: 303-298-8143
E-mail: bisonoil1@qwestoffice.net



INVOICE 11441

Date 3-22-12 Time 10:15 AM PM Meeting Facilitator Pat Moran

Facility Name and Location DeHart 131-301D Work to be Undertaken Surface Pipe

Nearest Emergency Medical Service Number (Other than 911) 60004

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

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/Leaks
- ☒ 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
- ☒ Face Shield
- ☒ 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: