



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

Invoice #	4/13/2012
	11492

Invoice

Location	Well Name & No.	Terms	Job Type
Weld, CO.	REI H09-30D	Net 30	Surface Pump

Item	Description	Qty	U/M	Rate	Amount
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 ...	Subtotal of Services			1,840.25	1,840.25
Discount 15%				-15.00%	-276.04
KCL Mud Flush	BFN III Blend	254	Sack	18.25	4,635.50
Discount 15%				-15.00%	-695.33
(BHS 117)		4	qt	7.50	30.00
Discount 15%				-15.00%	-4.50
Dye (Hot Pink 4880)		10	oz	15.00	150.00
Discount 15%				-15.00%	-22.50
Subtotal of Materials				4,093.17	4,093.17

Please Remit Payment To:

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

Subtotal	\$5,933.42
Sales Tax (2.9%)	\$118.70
Total	\$6,052.12
Balance Due	\$6,052.12

Bison Oil Well Cementing, Inc. Representative

Customer or His Agent

SUBJECT TO CORRECTION

"TAXES WILL BE ADDED AT CORPORATE OFFICE"

SUB TOTAL 29.16 TAX

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

[illegible]

WELL NO. AND FARM	REI 409-30D	WELL LOCATION	Noble.	
COUNTY	Weld	TWP. 3N	RANGE 65N	CONTRACTOR
STATE	CO.	4-13-12		
DATE	4-13-12			
CHARGE TO	Noble.			
SEC. 9	TWP. 3N			
DELIVERED TO	39-38			
SHIPPED VIA	3103 - 3206			
LOCATION	1 Shop.			
CODE	39-38			
LOCATION	2 Shop.			
CODE	39-38			
TYPE AND PURPOSE OF JOB	Surface Pipe.			
WELL TYPE	Gas			
CODE	3			

CHARGE TO

WELL NO. AND FARM
REF H09-30D

WELL LOCATION

COUNTY

STATE

CONT

CONTRACTOR

DATE 4-13-12

BISON OIL WELL CEMENTING, INC.



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

SERVICE INVOICE

No 11492

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

TREATMENT REPORT

DATE	4-13-12	WELL NAME	RET H09-30D	SECTION	9	TWP	3N	RGE	65N	COUNTY	Weld	FORMATION	
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CHARGE TO	Noble	OWNER	
MAILING ADDRESS		OPERATOR	Noble
CITY		CONTRACTOR	Ensign 136
STATE ZIP CODE		DISTANCE TO LOCATION	
TIME ARRIVED ON LOCATION	6:30 AM	TIME LEFT LOCATION	9:30 AM

WELL DATA

HOLE SIZE	12 1/4	PERFORATIONS	
TUBING SIZE	7 1/4	SHOTS/FT	
TUBING DEPTH	665	SURFACE PIPE ANNULUS LONG	
TUBING WEIGHT	8 5/8	STRING	
CASING DEPTH	709	TUBING	
CASING WEIGHT	24 1/2		
CASING CONDITION	Good		

TYPE OF TREATMENT	TREATMENT RATE	TYPE OF TREATMENT	TREATMENT RATE
1 SURFACE PIPE		1 SURFACE PIPE	
1 PRODUCTION CASING		1 PRODUCTION CASING	
1 SOEZE CEMENT		1 SOEZE CEMENT	
1 ACID BREAKDOWN		1 ACID BREAKDOWN	
1 ACID STIMULATION		1 ACID STIMULATION	
1 ACID SPOTTING		1 ACID SPOTTING	
1 MISC PUMP		1 MISC PUMP	
1 OTHER		1 OTHER	

MINIMUM	psi	MAXIMUM	psi	ANNULUS	psi	FINAL DISPLACEMENT	psi	BREAKDOWN or CIRCULATING	psi	AVERAGE	psi	1 ACID BREAKDOWN	psi	1 ACID STIMULATION	psi	1 ACID SPOTTING	psi	1 MISC PUMP	psi	1 OTHER	psi	HYD HHP = RATE X PRESSURE X 40.8
15 MIN SIP	psi	5 MIN SIP	psi	ISIP	psi	AVERAGE	psi	1 ACID BREAKDOWN	psi	1 ACID STIMULATION	psi	1 ACID SPOTTING	psi	1 MISC PUMP	psi	1 OTHER	psi	HYD HHP = RATE X PRESSURE X 40.8				

INSTRUCTIONS PRIOR TO JOB: Rig up safety meeting, PST test, per company circ. 40 BBLs KCL H2O, 2nd 10 w/Dye, mix
Pump 305 sks cement at 30% excess, at 1.27 yield, at 152 lbs or until stopped by cement / release plug
Disp 42.3 BBLs H2O, Pump plug at 150 PST over lift PST until 5 min release test wash up
H2O test ok
Arrived w/ 600 sks cement 4 gall KCL 16 oz Dye.
JOB SUMMARY
DESCRIPTION OF JOB EVENTS
Safety meeting 7:58 am circ. 8:18 am cement 8:24 am stop cement 8:41 am
Stop plug 8:43 am Displace 8:43 am
10 BBLs AT 6 BBLs/min 8:46 am 250 PST
20 BBLs AT 6 BBLs/min 8:47 am 400 PST
30 BBLs AT 6 BBLs/min 8:48 am 500 PST
40 BBLs AT 2.5 BBLs/min 8:50 am 350 PST
42.3 BBLs AT 1 BBLs/min 8:52 am 300 PST
Bump plug 8:59 am 650 PST
Used 8 1/2 excess
Used 254 sks cement
57.4 BBLs slurry

Left w/ 346 sks cement 3 gall KCL Dye, 6 oz
BBLs back 11

AUTHORIZATION TO PROCEED
TITLE
DATE 4-13-12
Customer 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.

REF. INVOICE # 11492
LOCATION 39-38
FOREMAN K.K.
Date, Pct, Loc

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	4-13-12
Invoice Amount	
Well Name	REF H09-30D
Well Location	39-38
County	Weld
SEC/TWP/RNG	9 3N 65W
Supervisor Name	CS Kirk
Employee Name	
Exposure Hours (Per Employee)	3
Invoice Number	11492
Well Permit Number	
Well Type	Gas
Well Number	09-30D
Lease	
Job Type	Surface Pipe
Company Name	Noble
Customer Representative	John Taylor
Customer Phone Number	

Did we encounter any problems on this job? Yes / No

To Be Completed By Customer

Rating/Description	Opportunity
5 - Superior Performance (Established new quality / performance standards)	Best Practices
4 - Exceeded Expectations (Provided more than what was required / expected)	Potential Best Practice
3 - Met Expectations (Did what was expected)	Prevention/Improvement
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	

CUSTOMER SATISFACTION RATING

RATING / CATEGORY	
Personnel -	4
Equipment -	4
Job Design -	4
Product / Material -	4
Health & Safety -	5
Environmental -	5
Timeliness -	5
Condition / Appearance -	5
Communication -	5
Improvement -	

Please Circle:

Yes / No - Did an accident or injury occur? Yes

Yes / No - Did an injury requiring medical treatment occur? Yes

Yes / No - Did a first-aid injury occur? Yes

Yes / No - Did a vehicle accident occur? Yes

Yes / No - Was a post-job safety meeting held? Yes

Additional Comments:

THE INFORMATION HEREIN IS CORRECT -

Customer Representative's Signature

Date 4-13-12

Please Circle:

Yes / No - Was a pre-job safety meeting held? Yes

Yes / No - Was a job safety analysis completed? Yes

Yes / No - Were emergency services discussed? Yes

Yes / No - Did environmental incident occur? Yes

Yes / No - Did any near misses occur? Yes



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B.O.C. Tailgate Safety Meeting Report

INVOICE

11/92

Date 4-13-12 Time 7:58 PM Meeting Facilitator Kirk Work to be Undertaken Surface Pipe.
Facility Name and Location REC HOG-30D 38-39 Greeley
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
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
☒ 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

ADDITIONAL PPE REQUIREMENT (based on the job specific hazards, check all that apply)
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:
HOG-30D 38-39 Greeley
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