



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	3/26/2012
Invoice #	11460

Invoice

Location	Well Name & No.	Terms	Job Type	
Weld, CO.	Dechant D30-33D	Net 30	Surface Pump	
Item	Description	Qty	U/M	Rate
Pump surface	PUMP Charge-surface pipe	1		1,400.00
Discount 15%				-210.00
MILEAGE	Mileage charge	360		540.00
Discount 15%				-81.00
Data Acquisition ...	Data Acquisition Charge	1		225.00
Discount 15%				-33.75
BFN III Winter ...	BFN III Blend	293	Sack	18.25
Discount 15%				-15.00%
KCL Mud Flush	(BHS 117)	5	qt	7.50
Discount 15%				-15.00%
Dye - 4880	Dye (Hot Pink 4880)	16	oz	15.00
Discount 15%				-15.00%
Subtotal of Materials				6,621.28

Please Remit Payment To:

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

Subtotal	\$6,621.28
Sales Tax (2.9%)	\$138.65
Total	\$6,759.93
Balance Due	\$6,759.93

BISON OIL WELL CEMENTING, INC.



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

SERVICE INVOICE

№ 11460

WELL NO. AND FARM		Doherty D-30-33-12	
COUNTY	Weld	STATE	CO
WELL LOCATION	SEC. 25 TWP. 3 RANGE 65W		
CHARGE TO	Mobile		
DELIVERED TO	Weld 49+30		
SHIPPED VIA	Weld 49+30		
TYPE AND PURPOSE OF JOB	3102 + 3203		
LOCATION	1	Shop	
LOCATION	2	Weld 49+30	
LOCATION	3	Shop	
WELL TYPE	Gas		
CODE			
DATE	3-26-12		
CONTRACTOR	SAXON 144		

PRICE REFERENCE	DESCRIPTION	UNITS	QTY.	MEAS.	UNIT PRICE	AMOUNT
	Pump Charge		1	EA	1400 ⁰⁰	1400 ⁰⁰
	Cement BFW III 3% BCPA-1 25-185 BTMA1	SKS	293	SKS	18 ²⁵	5341 ²⁵
	Bally-1		5	RTS	750	37 ⁵⁰
	Dye		K	OZ	1500	240 ⁰⁰
	Milage 150 per mile Round Trip 60 m.h min		3	EA	1800 ⁰⁰	540 ⁰⁰
	Dak Agg		1	EA	225 ⁰⁰	225 ⁰⁰

RIG NO.	SAXON 144
WELL NO.	Doherty D-30-33-12
PROJECT NO.	129962
TASK (DRL, CEM, PNA)	BCE
ACTG CODE	1.1 17
DOLLAR TOTAL BFW	7789.15
DATE	3/26/12
EST. NO.	1025
MAIL TO: MORA ENERGY INC.	
1025 BFW	
NO INVOICE WILL BE PAID FOR ALL	
ATTACHED BFW FIELD TICKETS	

Loaded Miles
TAX REFERENCES

SUB TOTAL
TAX
TOTAL

"TAXES WILL BE ADDED AT CORPORATE OFFICE"

SUBJECT TO CORRECTION

Customers hereby acknowledge and specifically agree 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.

Customer or His Agent

Bison Oil Well Cementing, Inc. Representative

1738 Wynkoop St., Ste. 102
Denver, Colorado 80202
Phone: 303-296-3010
Fax: 303-298-8143
E-mail: bisonoil1@qwestoffice.net



BISON OIL WELL CEMENTING, INC.

TREATMENT REPORT

DATE	3-26-12	WELL NAME	Decent D-30-33-D	SECTION	25	TWP	3	RGE	LSW	COUNTY	Weld	FORMATION
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REF. INVOICE # 11460

LOCATION Wye 49+30

FOREMAN Mike Roske

CHARGE TO	Noble	OWNER	
MAILING ADDRESS	Noble	OPERATOR	Noble
CITY		CONTRACTOR	Saxon 144
STATE ZIP CODE		DISTANCE TO LOCATION	930
TIME ARRIVED ON LOCATION	6:30 pm	TIME LEFT LOCATION	9:30

WELL DATA				PRESSURE LIMITATIONS			
HOLE SIZE	12 1/4	TUBING SIZE	8 3/8	TOTAL DEPTH	780.63	TUBING WEIGHT	85/8
TUBING DEPTH	833	SHOTS/FT		SURFACE PIPE ANNUUS LONG		STRING	
TUBING CONDITION	8 5/8	OPEN HOLE		TUBING		TYPE OF TREATMENT	
CASING DEPTH	826					TREATMENT RATE	
CASING WEIGHT	824.185	PACKER DEPTH	Good				
CASING CONDITION	Good						

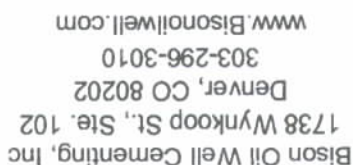
PRESSURE SUMMARY				TYPE OF TREATMENT			
BREAKDOWN or CIRCULATING	psi	AVERAGE	psi	[] SOEZE CEMENT	FINAL BPM	MINIMUM BPM	MAXIMUM BPM
FINAL DISPLACEMENT	psi	ISIP	psi	[] ACID BREAKDOWN			
ANNUUS	psi	5 MIN SIP	psi	[] ACID STIMULATION			
MAXIMUM	psi	15 MIN SIP	psi	[] MISC PUMP			
MINIMUM	psi			[] OTHER			

HYD HHP = RATE X PRESSURE X 40.8

INSTRUCTIONS PRIOR TO JOB
Rig up, Satisfactory, PSL, Circ 50 BBL/KEL mix and Pump 352 Sks Cement (30% Excess) 1.27 yield at 15-2.183 or conf / Company
mon stopper us, Release Plug Displace 49.7 BBLs H2O. Pump Plug at 150 PSI
Wait 600 min. Release PSI, Washup Rig Down
Arrived 250 Sks Cement 10 gals KCL / 602 Daye Slurry 79.61
Satisfactory 7:30 pm Circ. 8:02 pm Cement START 8:15 pm
Cement STOP 8:34 pm Deep Plug Displace 8:40 pm 8% Excess
10 BBLs at 5-0 BBL/m 8:43 pm 210 PSI Used 8
20 BBLs at 5-0 BBL/m 8:45 pm 270 PSI Used 293 Sks Cement
30 BBLs at 5-0 BBL/m 8:47 pm 340 PSI
40 BBLs at 3-0 BBL/m 8:50 pm 490 PSI
49.7 BBLs at 1-0 BBL/m 8:56 pm 860 PSI
Bump Plug 1-0 BBL/m 8:56 pm 550 PSI
Flow Collar held

8
BBLs Back to P.T.
Slurry 66.27

Left with 457 Sks Cement 5 gals KCL & Daye



09411

ON / S

- 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 job site in a timely and professional manner

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 migs, 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) ?

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

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 / ☒ No

Yes / No - Did environmental incident occur? ☐ Yes / ☒ No

Yes / No - Did any near misses occur? ☐ Yes / ☒ No

Generate an backswing with hammer hit it on top of hand hat.

3-26-12

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

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B.O.C. Tailgate Safety Meeting Report

INVOICE

11460

Date 3-26-12 Time 7:30

Facility Name and Location Dechant 0-30-33-D

Nearest Emergency Medical Service Number (Other than 911) 49430

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)

☐ Job Safety Analysis Reviewed (if applicable)

☐ NORM or Other Radiation

☐ Overhead work/suspended Loads/Chains/Slings

☐ Trapped Pressure

☐ Flammable/Combustible/Explosives

☐ High Points/Moving/Rotating Equipment

☐ Waste Handling/Disposal

☐ Excavation Collapse

☐ Flying Particles

☐ Spills/Leaks

☐ Overexertion/Heavy Lifting

☐ Electrical Current

☐ Extreme Heat/Cold

☐ Slips/Trips/Falls

☐ Falling from Heights

☐ Positions of People

☐ Eyes/Face

☐ Tinted Lenses

☐ Goggles

☐ Faceshield

☐ 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 Topics Covered:

☒ Muster Areas ☒ Communication Methods ☒ Means of Egress ☒ Emergency Equipment

EMERGENCY PREPARATIONS

Additional Topics Covered:

Attendees (Signature)/Company

Attendees (Signature)/Company

Attendees (Signature)/Company

Attendees (Signature)/Company

Attendees (Signature)/Company

Attendees (Signature)/Company

Attendees (Signature)/Company

Attendees (Signature)/Company

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