



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 #	11514
Date	4/15/2012

Invoice

Location	Well Name & No.	Terms	Job Type
Weid, CO.	Timmerman G13-33D	Net 30	Surface Pump
Item	Description	Qty	U/M
Pump surface	PUMP Charge-surface pipe	1	
Discount 15%	Discount 15%		1,400.00
MILEAGE	Mileage charge	360	
Discount 15%	Discount 15%	1	
Data Acquisition ...	Data Acquisition Charge		
Discount 15%	Discount 15%		225.00
HOURLS	Wait Time	0.5	
Discount 15%	Discount 15%		250.00
BFN III Winter ...	Subtotal of Services		
Discount 15%	Discount 15%		18.25
KCL Mud Flush	(BHS 117)	4	
Discount 15%	Discount 15%		7.50
Dye - 4880	Dye (Hot Pink 4880)	16	
Discount 15%	Discount 15%		15.00
Subtotal of Materials	Subtotal of Materials		

SERVICE INVOICE

№ 11514

BISON OIL WELL CEMENTING, INC.



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

WELL NO. AND FARM

Temperman G13-33D

CHARGE TO

Noble

COUNTY

Weld

WELL LOCATION

SEC. 13

TWP. 4N

RANGE 65E

SEXON 143

STATE

CO

CONTRACTOR

4/15/12

DATE

LOCATION

Shop

LOCATION

Shop

WELL TYPE

3 Shop

CODE

CODE

CODE

CODE

PRICE REFERENCE

DESCRIPTION

UNITS

MEAS.

QTY.

UNIT PRICE

AMOUNT

Temp Charge

BFV 3% BCC 1.25 lb / sk BFLY-1

336

SKS

1825

6132.00

BFLY-1

4

CB

750

30.00

Buy

16

02

15.00

240.00

Mixes @ 150 lb / m: 600 m mix Band Trip

3

CB

80.00

240.00

Pda T/C

1

CB

825.00

825.00

Job

1/2

hms

850.00

125.00

TAX REFERENCES

RIG NAME & NUMBER: SIXON 143	WELL NAME & NUMBER: Temperman G13-33D	AFE NUMBER: 1357459	TASK (DRILL COMP. W/O P&A)	EXP TYPE	ACTG CODE: 011-0017	DOLLAR TOTAL BEING APPVD 9692.00	DATE 4/16/12	ROUTE TO APPROVER	MAIL TO: NOBLE ENERGY INC. ATTN: ACCOUNTS PAYABLE 5425 BROADWAY, SUITE 2200 DENVER, CO 80202 NOT INVOICE WILL BE PAID W/O ALL ATTACHED SIGNED FIELD TICKETS
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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%.

"TAXES WILL BE ADDED AT CORPORATE OFFICE"

SUB TOTAL 1885.65
 TAX 2.9% 157.81
 TOTAL 2043.46

Bison Oil Well Cementing, Inc. Representative

Customer or His Agent

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.

SUBJECT TO CORRECTION

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	4/15/12	WELL NAME	Timberline 613-338	SECTION	13	TWP	4N	RGE	65W	COUNTY	Weld	FORMATION	
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REF. INVOICE #	11514
LOCATION	494 yd
FOREMAN	Tucker Lohmeyer
	Monte Rich

CHARGE TO	Weld
MAILING ADDRESS	
CITY	
STATE ZIP CODE	
TIME ARRIVED ON LOCATION	7:00 PM
TIME LEFT LOCATION	12:30 PM
DISTANCE TO LOCATION	
CONTRACTOR	Seton 143
OPERATOR	Noble 143
OWNER	

TUBING SIZE	PERFORATIONS		TREATMENT VIA	TYPE OF TREATMENT	TREATMENT RATE
HOLE SIZE	12 1/4				
TOTAL DEPTH	795				
TUBING DEPTH	744				
TUBING WEIGHT	838				
CASING SIZE	8 1/2				
CASING DEPTH	785				
CASING WEIGHT	2416				
CASING CONDITION	Good				

PRESSURE SUMMARY		
BREAKDOWN or CIRCULATING	psi	
AVERAGE	psi	
ISIP	psi	
FINAL DISPLACEMENT	psi	
ANNULUS	psi	
MAXIMUM	psi	
15 MIN SIP	psi	
MINIMUM	psi	
OTHER		
HYD HHP = RATE X PRESSURE X 40.8		

INSTRUCTIONS PRIOR TO JOB	
<p>Stop current 11:30 Stop Plug 11:33 Cement 11:54 P&G 11:33</p> <p>Used 29 % excess 336 used 336 sls cement 75.9 bbls slurry</p> <p>Arrived w/ 750 sls cement 494 yd 1600 yd 1120 test oil 75.9 bbls slurry</p> <p>Stop current 11:30 Stop Plug 11:33 Cement 11:54 P&G 11:33</p>	

JOB SUMMARY	
<p>Arrived w/ 750 sls cement 494 yd 1600 yd 1120 test oil 75.9 bbls slurry</p> <p>Stop current 11:30 Stop Plug 11:33 Cement 11:54 P&G 11:33</p> <p>Used 29 % excess 336 used 336 sls cement 75.9 bbls slurry</p> <p>Arrived w/ 750 sls cement 494 yd 1600 yd 1120 test oil 75.9 bbls slurry</p>	

DESCRIPTION OF JOB EVENTS	
<p>Arrived w/ 750 sls cement 494 yd 1600 yd 1120 test oil 75.9 bbls slurry</p> <p>Stop current 11:30 Stop Plug 11:33 Cement 11:54 P&G 11:33</p> <p>Used 29 % excess 336 used 336 sls cement 75.9 bbls slurry</p> <p>Arrived w/ 750 sls cement 494 yd 1600 yd 1120 test oil 75.9 bbls slurry</p>	

DATE	4/15/12
TITLE	Noble 155
AUTHORIZATION TO PROCEED	

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303-296-3010
www.BisonOilWell.com



Cementing Customer Satisfaction Survey

Invoice Number	11514
Well Permit Number	625
Well Type	13-33P
Lease	Surfge P.O.R
Job Type	NOBLE
Company Name	NOBLE
Customer Representative	Paul
Customer Phone Number	
Supervisor Name	Tuller L. L. L. L.
State	CO
SEC/TWP/RNG	13 4N 65W
County	Weld
Well Location	49544
Well Name	Timpana 6
Invoice Amount	415112
Service Date	4/15/12
Total Exposure Hours	
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

CUSTOMER SATISFACTION RATING

PERSONNEL -	4
EQUIPMENT -	4
JOB DESIGN -	4
PRODUCT / MATERIAL -	4
HEALTH & SAFETY -	4
ENVIRONMENTAL -	4
TIMELINESS -	4
CONDITION / APPEARANCE -	4
COMMUNICATION -	4
IMPROVEMENT -	

Please Circle:

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

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

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

Yes / No - Did a vehicle accident occur? (No)

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

Additional Comments:

THE INFORMATION HEREIN IS CORRECT -

Customer Representative's Signature	(Paul W. Deane)
Date	4/15/12

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

11514

Meeting Facilitator

Tina Lumball

Work to be Undertaken

Surface Prep

Nearest Emergency Medical Service Number (Other than 911)

613-330-4444

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 ☒ Job Safety Analysis Reviewed (if applicable)

☒ Falling from Heights ☒ NORM 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/Releases ☒ Waste Handling/Disposal

☒ Flying Particles ☒ Excavation Collapse

☒ Overhead Power Lines ☒ Other

ADDITIONAL PPE REQUIREMENT (based on the job specific hazards, check all that apply)

☒ Eyes/Face ☒ Hands

☒ Tinted Lenses ☒ Chemical Resistant Gloves

☒ Goggles ☒ Heat Resistant Gloves

☒ Face Shield ☒ Cotton or Leather Gloves

☒ Hearing Protection ☒ Dielectric Gloves

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: