



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 #	11418
Date	3/23/2012

Invoice

Location	Well Name & No.	Terms	Job Type
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Weld, CO.	Cutterson USX D21-28D	Net 30	Surface Pump
Item	Description	Qty	U/M

Pump surface	PUMP Charge-surface pipe	1	1,400.00	-15.00%	-210.00	540.00	-81.00	225.00	-33.75	1,840.25	4,307.00T	-646.05	30.00T	-4.50	150.00T	-22.50	3,813.95
Discount 15%																	
MILEAGE	Mileage charge	360	1.50	-15.00%	-540.00												
Discount 15%																	
Data Acquisition ...	Data Acquisition Charge	1	225.00	-15.00%	-33.75												
Discount 15%																	
BFN III Winter ...	BFN III Blend	236	18.25	-15.00%	-273.75												
Discount 15%																	
KCL Mud Flush	(BHS 117)	4	7.50	-15.00%	-105.00												
Discount 15%																	
Dye - 4880	Dye (Hot Pink 4880)	10	15.00	-15.00%	-22.50												
Discount 15%																	
Subtotal of Materials																	

Please Remit Payment To:

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

Subtotal	\$5,654.20
Sales Tax (2.9%)	\$110.60
Total	\$5,764.80
Balance Due	\$5,764.80

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	WELL NAME	SECTION	TWP	RGE	COUNTRY	FORMATION
3/23/12	Gulfstar USA 021-280	1	8N	3W	Weld	

REF. INVOICE # 11/18
LOCATION 34+53
FOREMAN Rick Tucker PDC

CHARGE TO	OWNER	OPERATOR	CONTRACTOR	STATE ZIP CODE	TIME ARRIVED ON LOCATION
Noble		Noble	Fargo 121		3:30 pm 6/45 pm
MAILING ADDRESS	CITY	DISTANCE TO LOCATION	TIME LEFT LOCATION		

HOLE SIZE	TUBING DEPTH	TUBING WEIGHT	TUBING CONDITION	TREATMENT VIA	TYPE OF TREATMENT	TREATMENT RATE
8 1/2	740	661	858		TUBING	
					STING	
					SURFACE PIPE ANNULUS LONG	
PERFORATIONS	SHOTS/FT	OPEN HOLE				

CASING DEPTH	CASING WEIGHT	CASING CONDITION	PACKER DEPTH	THROAT PIPE	PRODUCTION CASING	INITIAL BPM	FINAL BPM	AVERAGE	ACID BREAKDOWN	MINIMUM BPM	MAXIMUM BPM	AVERAGE BPM	ACID SPOTTING	MISC PUMP	OTHER	HYD HHP = RATE X PRESSURE X 40.8
706.46	841/65	Good														

INSTRUCTIONS PRIOR TO JOB
 Rig up safety meeting PST test Per co-man, Circ 40 lbs KCL-H2O and 10 w/dye
 mix & pump 303 sts cement at 30% excess 1.27 yield at 30% excess at 15.2 lbs on until co-man stops us
 Release Plug Disp 42.1 bbls H2O bump Plug at 150 psi over lift psi wait 5 min release psi wash up
 H2O test at
 Arrived w/ loco sts cement, 42 d KCL, 1602 dgo
 JOBS SUMMARY
 DESCRIPTION OF JOB EVENTS
 Softening 5:10 pm Circ 5126
 Release Plug 5:15
 Displace 5:50
 Stop cement 5:49

10 bbls at 5:12 200 psi
 20 bbls at 5:13 200 psi
 30 bbls at 5:15 400 psi
 40 bbls at 5:55 350 psi
 42.1 bbls H2O 6:01 530 psi
 Bump Plug 6:01 pm 530 psi

Left w/ 364 sts cement 3 g/L KCL 602 dgo
 8815 bbl 12

AUTHORIZATION TO PROCEED
 TITLE
 DATE 3/23/12
 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.



B.O.C. Tailgate Safety Meeting Report

INVOICE

11/18

Meeting Facilitator Tucker Lohmeyer

Work to be Undertaken Surface pipe

Nearest Emergency Medical Service Number (Other than 911) 605-250-3443

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
- ☒ 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
- ☐ Faceshield
- ☐ Hearing Protection
- ☐ Hands
- ☐ Chemical Resistant Gloves
- ☐ Heat Resistant Gloves
- ☐ Cotton or Leather Gloves
- ☐ Dielectric Gloves
- ☐ Rubber Boots
- ☐ Over Boots
- ☐ Dielectric Boots
- ☐ Feet
- ☐ Air Purifying Respirator
- ☐ Supplied Air Respirator
- ☐ Personal H2S Monitor (if in sour area)
- ☐ Chemical Resistant Clothing
- ☐ Personal Fall Arrest Systems
- ☐ Other

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:

Bison Oil Well Cementing, Inc
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Denver, CO 80202
303-296-3010
www.BisonOilWell.com



Cementing Customer Satisfaction Survey

Invoice Number	11418	Invoice Amount	3183/12
Well Permit Number	669	Well Name	64455 USXD
Well Type	669	Well Location	34853
Well Number	21-280	County	Weld
Lease		SEC/TWP/RNG	18N 3W
Job Type	Surface Pipe	State	CO
Company Name	Noble	Supervisor Name	
Customer Representative	Steve	Employee Name	
Customer Phone Number		Total Exposure Hours	
Exposure Hours (Per Employee)	3.75	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 -
 - 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 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) ?
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 ?

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?

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

3/23/12