



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 #	11432
Date	3/6/2012

Invoice

Location	Well Name & No.	Terms	Job Type
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Weld, CO.	Cannon X02-29	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 ...	Subtotal of Services			18.25	6,278.00T
Discount 15%				-15.00%	-941.70
KCL Mud Flush	BFN III Blend	344	Sack	18.25	6,278.00T
Discount 15%				-15.00%	-941.70
Dye - 4880	(BHS 117)	5	qt	7.50	37.50T
Discount 15%				-15.00%	-5.63
Discount 15%	Dye (Hot Pink 4880)	16	oz	15.00	240.00T
Discount 15%				-15.00%	-36.00
Subtotal of Materials					5,572.17

Please Remit Payment To:

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

Subtotal	\$7,412.42
Sales Tax (2.9%)	\$161.59
Total	\$7,574.01
Balance Due	\$7,574.01

# BISON OIL WELL CEMENTING, INC.



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

## SERVICE INVOICE

№ 11432

WELL NO. AND FARM		Ganahan X 02-29	
COUNTY	STATE	DATE	CONTRACTOR
Weld	CO	9-6-12	9-6-12
WELL LOCATION		TWP.	RANGE
SEC. 35		3N	65W
CHARGE TO		NOBLE	

DELIVERED TO	Q2 H34 26	LOCATION	1 5400	CODE
SHIPPED VIA	3101 3203	LOCATION	2 Q2 H34 26	CODE
TYPE AND PURPOSE OF JOB	SURFACE PIPE			
WELL TYPE	3 5400	LOCATION	645	CODE

PRICE REFERENCE	DESCRIPTION	QTY.	MEAS.	UNITS	UNIT PRICE	AMOUNT
	1400.00	1	cu		1400.00	1400.00
	18.25	344	S/S		18.25	6278.00
	7.50	215	Q/S		7.50	1612.50
	15.00	02	02		15.00	300.00
	150.00	24	cu		150.00	3600.00
	225.00	1	cu		225.00	225.00

MAIL TO: NOBLE ENERGY INC.  
 ATTN: ACCOUNTS PAYABLE  
 DENVER, CO 80202  
 NO INVOICE WILL BE PAID W/O ALL  
 ATTACHED SIGNED FIELD TICKETS

ROUTE TO APPROVER  
 TAX REFERENCES  
 APPROVAL DATE  
 MILES

WELL NAME & NUMBER  
 GANAHAN X 02-29  
 AFE NUMBER  
 185550  
 TASK (DRL, COMP, WEL, EBA)  
 EXP TYPE  
 ACTG CODE  
 11 0017  
 DOLLAR TOTAL BEING APVD  
 \$8702.50  
 Total  
 \$8702.50

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"

SUBJECT TO CORRECTION

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.







Bison Oil Well Cementing, Inc  
1738 Wynkoop St., Ste. 102  
Denver, CO 80202  
303-296-3010  
www.bisonoilwell.com



### Cementing Customer Satisfaction Survey

Invoice Number	11432	Service Date	3-6-12
Well Permit Number	645	Invoice Amount	
Well Type	X 02-29	Well Name	294404
Lease		Well Location	294404
Job Type	54544 pipe	County	WCD
Company Name	WELLS	SEC/TWP/RNG	35/3N/65W
Customer Representative	770447	State	CO
Customer Phone Number		Supervisor Name	Patricia
Exposure Hours (Per Employee)	6.75	Employee Name	Patricia
	6.75	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

### RATING / CATEGORY

### 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 mtgs, 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) ?

Condition / Appearance -

Timeliness -

Environmental -

Health & Safety -

Product / Material -

Job Design -

Equipment -

Personnel -

Improvement -

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:

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

Yes / No - Was a job safety analysis completed?

Yes / No - Were emergency services discussed?

Yes / No - Did environmental incident occur?

Yes / No - Did any near misses occur?

### Please Circle:

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



1738 Wynkoop St., Ste. 10,  
Denver, Colorado 80202

Phone: 303-296-3010

Fax: 303-298-8143

E-mail: bisonoil1@qwestoffice.net

## B.O.C. Tailgate Safety Meeting Report

INVOICE 11432

Meeting Facilitator

AM PM

Time

Date

Facility Name and Location

Nearest Emergency Medical Service Number (Other than 911)

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)

Job Safety Analysis Reviewed (if applicable)

Overhead work/suspended Loads/Chains/Slings

Trapped Pressure

Flammable/Combustible/Explosives

Pinch Points/Moving/Rotating Equipment

Waste Handling/Disposal

Excavation Collapse

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

Eyes/Face

Unted Lenses

Goggles

Hearing Protection

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: