



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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Date	5/4/2012
Invoice #	11505

Invoice

Location	Well Name & No.	Terms	Job Type
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Weld, CO.	Amber G06-21D	Net 30	Surface Pump
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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	329	Sack	18.25	6,004.25
Discount 15%				-15.00%	-900.64
Discount 15%	(BHS 117)	4	qt	7.50	30.00
Discount 15%	Dye (Hot Pink 4880)			-15.00%	-4.50
Discount 15%	Subtotal of Materials	10	oz	15.00	150.00
Discount 15%				-15.00%	-22.50
					5,256.61

Please Remit Payment To:

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

Subtotal	\$7,096.86
Sales Tax (2.9%)	\$152.44
Total	\$7,249.30
Balance Due	\$7,249.30

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

No 11505

WELL NO. AND FARM	Amber G-06-210
COUNTRY	Weld
STATE	CO
DATE	5-21-12
CONTRACTOR	Saxon 143
WELL LOCATION	TWP. 41N RANGE 65W
SEC. 6	

DELIVERED TO	39-48
SHIPPED VIA	3103-3204
TYPE AND PURPOSE OF JOB	Surface Pipe
LOCATION	3 Shop
LOCATION	2 39-48
LOCATION	1 Shop
WELL TYPE	6.5
CODE	

PRICE REFERENCE	DESCRIPTION	QTY.	MEAS.	UNIT PRICE	AMOUNT
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	Pump Charge	1	each	1400	1400.00
	RFA III 3% BCL-A-1, 2.5 lbs per SK BCL-A-1	329	SFS	18.25	6004.25
	BCL-A-1	41	GF+S	7.50	309.00
	Dye	10	oz	15.00	150.00
	Mileage 1/50 per mile for mile round trip	3	each	180.00	540.00
	Ded. Acc	1	each	225.00	225.00

RIG NAME & NUMBER	574 XON 143
WELL NAME & NUMBER	Amber G-06-210
AFE NUMBER	125577
TASK (PRINT BUMP W/O. P&A)	
EXPT TYPE	
ACTG CODE	07.1-0017
DOLLAR TOTAL BEING APPROV'D	8349.25
FIELD APPROVAL	DATE 5/4/12
ROUTE TO APPROVER	
MAIL TO: NOBLE ENERGY INC. ATTN: ACCOUNTS PAYABLE 1025 BROADWAY, SUITE 2200 DENVER, CO 80202 NO INVOICE WILL BE PAID W/O ALL ATTACHED SIGNED FIELD TICKETS	

TAX REFERENCES

SUB TOTAL 1252.39
 TAX 29.1
 TOTAL 1281.49

"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.



TREATMENT REPORT

FOREMAN Kirk Kallhoff Davis Pete Cron

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Customers 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.

AUTHORIZATION TO PROCEED

TITLE

DATE _____

(Dr. W. B. B.)

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	5-4-12	Invoice Number	11505
Invoice Amount		Well Permit Number	695
Well Name	Amber 6	Well Number	06-21D
Well Location	39-4/8	Lease	
County	Weld	Job Type	Service Pipe
SEC/TWP/RNG	6 2N 6SW	Company Name	Acme
State	CO	Customer Representative	Paul Deen
Supervisor Name	Kirk Hallhoff	Customer Phone Number	
Employee Name		Exposure Hours (Per Employee)	11.5 4.5 4.5 1.5
Total Exposure Hours		Did we encounter any problems on this job? Yes/No	No

To Be Completed By Customer

- 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**
- Did our personnel perform to your satisfaction ? 5
- Did our equipment perform to your satisfaction ? 4
- Did we perform the job to the agreed upon design ? 4
- Did our products and materials perform as you expected ? 4
- Did we perform in a safe and careful manner (Pre / post migs, PPE, TSMR, etc..) ? 4
- Did we perform in an environmentally sound manner (Spills, leaks, cleanup, etc..) ? 4
- Was job performed as scheduled (On time to site, accessible to customer, completed when expected) ? 4
- Did the equipment condition and appearance meet your expectation ? 4
- How well did our personnel communicate during mobilization, rig up, and job execution ? 4
- What can we do to improve our service? Improvement -

RATING / CATEGORY

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

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

Please Circle:

- Yes/No - Was a pre-job safety meeting held? Yes
- Yes/No - Were emergency services completed? Yes
- Yes/No - Were emergency services discussed? Yes
- Yes/No - Did environmental incident occur? No
- Yes/No - Did any near misses occur? No

Additional Comments:

THE INFORMATION HEREIN IS CORRECT -

Customer Representative's Signature

(Signature)

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

Date

5-4-12

B.O.C. Tailgate Safety Meeting Report

1738 Wynkoop St., Ste. 10
 Denver, Colorado 80202
 Phone: 303-296-3010
 Fax: 303-296-8143
 E-mail: bisonoil1@qwestoffice.net



INVOICE 11505

Date 5-4-12 Time 9:12 AM

Facility Name and Location Miller 666-210

Nearest Emergency Medical Service Number (Other than 911) 3948

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)

☒ Hazardous Substance ☒ 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

☐ 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

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: