



Denver, CO 80202  
303-296-3010

Noble Energy Inc.  
Attn: Accounting  
1625 Broadway St  
Denver, CO 80202

1625 Broadway Ste 2000

# Invoice

Location	Well Name & No.	Terms	Berry P08-27D		
Weld, CO.	Job Type	Net 30	Surface Pump		
Item	Description	Qty	U/M	Rate	Amount
Pump surface Discount 15%	PUMP Charge-surface pipe Discount 15%	1		1,400.00 -15.00%	1,400.00 -210.00
MILEAGE Discount 15%	Milage charge Discount 15%	360		1.50 -15.00%	540.00 -81.00
Data Acquisition ... Discount 15%	Data Acquisition Charge Discount 15%	1		225.00 -15.00%	225.00 -33.75
HOURS	Wait Time	3		250.00	750.00
BFN III Winter ... Discount 15%	BFN III Blend Discount 15%	229	Sack	18.25 -15.00%	4,179.25T -626.89
KCL Mud Flush Discount 15%	(BHS 117) Discount 15%	4	qt	7.50 -15.00%	30.00T -4.50
Dye - 4880 Discount 15%	Dye (Hot Pink 4880) Discount 15%	16	oz	15.00 -15.00%	240.00T -36.00
	Subtotal of Materials				3,781.86

“PORATE OFFICE”

**SUBJECT TO CORRECTION**

TOTAL

TAX 2.9%

SUB TOTAL

10/27/97  
CO. 11  
Loaded  
Millen  
REFERENCES

RIG NAME: 54XOK 145	WELL NUMBER: B-1274	DATE: 12/06/06	TASK (ID or JOB NO.): DRILL	EXP TYPE: DRILL	ACTG CODE: 061	DOLLAR TOTAL BEING APPVD: 7364.25	FILED APPROVAL: 2101
<p>ACCOUNT IS NOT PAID WITHIN 90 DAYS OF INVOICE          MONTHLY RATE OF 1% WHICH IS EQUAL TO AN          FINANCE CHARGE WILL BE ADDED TO ALL          INVOICES. ATTACHED SIGNATURE AND PAID TICKETS</p>							
<p>MAIL TO: NOBLE ENERGY INC.          ATTN: ACCOUNTS PAYABLE          1625 BROADWAY, SUITE 2200          DENVER, CO 80202          PHONE: 303.733.1111          FAX: 303.733.1111</p>							



**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](mailto:bisonoil1@qwestoffice.net)

# SERVICE INVOICE

№ 10860

WELL NO. AND FARM		COUNTY		STATE		DATE	
BERRY FOS-2710		WARD		CO		2-10-12	
CHARGE TO		WELL LOCATION		TWP. 3N		RANGE 67W	
MOBILE		SEC. 5		54X44 145		CONTRACTOR	
DELIVERED TO		LOCATION		1540P		CODE	
SHIPPED VIA		LOCATION		202365+17		CODE	
TYPE AND PURPOSE OF JOB		LOCATION		3101-3203		CODE	
WELL TYPE		WELL TYPE		3540P		CODE	
SURFACE PIPE		CODE		645		CODE	

PRICE REFERENCE	DESCRIPTION	QTY.	MEAS.	UNIT PRICE	AMOUNT
	Camp Charge	1	ent	1400.00	1400.00
	B&W III 3% BCGA-1, 25% BFGA-1	229	5 lbs	18.25	4179.25
	BCA-1	4	wt	7.50	30.00
	DXC	10	02	15.00	150.00
	mileage 1.50 per mile for rental dump	24	ent	190.00	540.00
	DATA INT.	1	wt	225.00	225.00
	STANDARD TIME	43	1425	250.00	108.00

109	67
<del>764</del>	<del>25</del>
7364	25
(99214)	







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 10840

Date 7-10-12 Time 11:50 AM ☒ PM ☐  
Facility Name and Location Black & Rose 217  
Nearest Emergency Medical Service Number (Other than 911) 1150  
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)  
☒ Flame Resistant Clothing ☐ New on Job Review ☐ Onsite Orientation ☐ Other (specify) \_\_\_\_\_

☒ 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  
☐ Overhead Power Lines  
☐ Positions of People  
☐ Falling from Heights  
☐ Slips/Trips/Falls  
☐ Extreme Heat/Cold  
☐ Electrical Current  
☐ Overexertion/Heavy Lifting  
☐ Spills/Releases  
☐ Flying Particles  
☐ Hearing Protection

ADDITIONAL PPE REQUIREMENT (based on the job specific hazards, check all that apply)  
☐ Eyes/Face  
☐ Tinted Lenses  
☐ Goggles  
☐ 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  
NEI  
Attendees (Signature)/Company  
NEI

Other Considerations and Field Notes:



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	10840
Well Permit Number	645
Well Type	POB-371
Lease	SCARLE PIPE
Job Type	NOBLE
Company Name	VERM
Customer Representative	
Customer Phone Number	
Supervisor Name	Parlow
State	CO
SEC/WP/RNG	5/3N/67W
County	WCD
Well Location	08365+17
Well Name	BERRY
Invoice Amount	
Service Date	2-10-12
Total Exposure Hours	
Employee Name	JESSIE RICHARD PATRICK
Exposure Hours (Per Employee)	10 10 10
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
- RATING / CATEGORY**
- |                        |   |
|------------------------|---|
| Personnel              | 5 |
| Equipment              | 5 |
| Job Design             | 5 |
| Product / Material     | 5 |
| Health & Safety        | 5 |
| Environmental          | 5 |
| Timeliness             | 5 |
| Condition / Appearance | 5 |
| Communication          | 5 |
| Improvement            | 5 |

**CUSTOMER SATISFACTION RATING**

Did our personnel perform to your satisfaction? ☒ Yes ☐ No

Did our equipment perform to your satisfaction? ☒ Yes ☐ No

Did we perform the job to the agreed upon design? ☒ Yes ☐ No

Did our products and materials perform as you expected? ☒ Yes ☐ No

Did we perform in a safe and careful manner (Pre / post mts, PPE, TSMR, etc.)? ☒ Yes ☐ No

Did we perform in an environmentally sound manner (Spills, leaks, cleanup, etc.)? ☒ Yes ☐ No

Was job performed as scheduled (On time to site, accessible to customer, completed when expected)? ☒ Yes ☐ No

Did the equipment condition and appearance meet your expectation? ☒ Yes ☐ No

How well did our personnel communicate during mobilization, rig up, and job execution? ☒ Yes ☐ No

What can we do to improve our service? ☒ Yes ☐ No

**Please Circle:**

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? ☒ Yes ☐ No

**Additional Comments:**

SHOWED UP ON TIME & DID GREAT JOB - GOOD SAFETY MTS.

THE INFORMATION HEREIN IS CORRECT -  
Customer Representative's Signature  
Date

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