



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 #	11491
Date	4/12/2012

Invoice

Location	Well Name & No.	Terms	Job Type	Weld, CO.	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				1.50	540.00
					Discount 15%				-15.00%	-81.00
					Data Acquisition ...				225.00	225.00
					Discount 15%				-15.00%	-33.75
					HOURS				250.00	750.00
					BFN III Winter ...				18.25	2,590.25
					Discount 15%				-15.00%	-6,661.25
					KCL Mud Flush				7.50	30.00
					Discount 15%				-15.00%	-4.50
					Dye - 4880				15.00	150.00
					Discount 15%				-15.00%	-22.50
					Subtotal of Materials					5,815.06

Please Remit Payment To:

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

Subtotal	\$8,405.31
Sales Tax (2.9%)	\$168.64
Total	\$8,573.95
Balance Due	\$8,573.95



Nº 11491

[illegible]

DESCRIPTION	QTY.	MEAS.	UNIT PRICE	AMOUNT
Pump Charge.	1	each	1400 ⁰⁰	
BFN III 3/4 BCCA-1 25lbs per sk BFLY-1	365	SKS	18 ²⁵	6,661 ²⁵
BCLY-1	4	qts	7 ⁵⁰	30 ⁰⁰
Dye	10	oz	15 ⁰⁰	150 ⁰⁰
Mileage \$1.50 per mile 60 mile min Round trip.	3	each	180 ⁰⁰	540 ⁰⁰
Data Acd	1	each	225 ⁰⁰	225 ⁰⁰
Job time	3			

RIG NAME & NUMBER SIXXON 143	WELL NAME & NUMBER: Timmerman G13-200	A/E NUMBER 135 485	TASK OR COMP. W/O. P&A)	EXPTYPE	ACTG CODE 01.1-0017	DOLLAR TOTAL BEING APPVD 9756.25	FIELD APPROVAL DATE <i>[Signature]</i> 4/12/12	ROUTE TO APPROVER
		Total Weight						

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 1/4% which is equal to an ANNUAL PERCENTAGE RATE OF 18%.

"TAXES WILL BE ADDED AT CORPORATE OFFICE"

SUB TOTAL 29.7

TOTAL

SUBJECT TO CORRECTION

Customer or His Agent

Blason Oil Well Cementing, Inc. Representative

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.



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	4-12-12
Invoice Amount	Timberline G.
Well Name	44-49
Well Location	44-49
County	Weld
SEC/TWP/RNG	13-4N-65W
Supervisor Name	Clark
Employee Name	
Exposure Hours (Per Employee)	7.5 7.5 7.5 7.5
Invoice Number	11491
Well Permit Number	Gas
Well Number	13-20D
Lease	Surface Pipe
Job Type	Noble
Company Name	Paul Dean
Customer Representative	
Customer Phone Number	

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

CUSTOMER SATISFACTION RATING

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

Please Circle:

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 mtgs, 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

Additional Comments:

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?

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?

THE INFORMATION HEREIN IS CORRECT -

Customer Representative's Signature

Paul W. Dean

Date

4-12-12

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



1738 Wynkoop St., Ste. 102
Denver, Colorado 80202
Phone: 303-296-3010
Fax: 303-296-8143
E-mail: bisonoil1@qwestoffice.net

B.O.C. Tailgate Safety Meeting Report

INVOICE

11/91

Date 4-12-12 Time 4:12 PM Meeting Facilitator Kirk

Facility Name and Location Timmerman G13-20D 44-49 Work to be Undertaken Surface Pipe

Nearest Emergency Medical Service Number (Other than 911) Greeley

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/Releases Flying Particles Overhead Power Lines

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: