



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

Date	5/14/2012
Invoice #	11553

## Invoice

Location	Well Name & No.	Terms	Job Type
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Weld, CO.	Ludwig H06-31D	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
B3-Lite Summer ...	50/50 Poz (3%)	242	Sack	18.25	4,416.50T
Discount 15%				-15.00%	-662.48
KCL Mud Flush	(BHS 117)	4	qt	7.50	30.00T
Discount 15%				-15.00%	-4.50
Dye - 4880	Dye (Hot Pink 4880)	16	oz	15.00	240.00T
Discount 15%				-15.00%	-36.00
Subtotal of Materials					3,983.52

Please Remit Payment To:

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

Subtotal	\$5,823.77
Sales Tax (2.9%)	\$115.52
Total	\$5,939.29
Balance Due	\$5,939.29

**BISON OIL WELL CEMENTING, INC.**



# SERVICE INVOICE

№ 11553

WELL NO. AND FARM		COUNTY		DATE	
Ludwig Hoc - 31-0		Weld		5-14-12	
CHARGE TO		WELL LOCATION		CONTRACTOR	
Noble		SEC. 6		ZINSER INC	
DELIVERED TO		TWP. 3		RANGE 65	
LOCATION		1		LOCATION	
WEL 35138		SHOP		CODE	
SHIPPED VIA		LOCATION		CODE	
WEL 35138		2 WEL 35138		CODE	
TYPE AND PURPOSE OF JOB		LOCATION		CODE	
Surface Pipe		3		CODE	
		WELL TYPE		CODE	
		CAS		CODE	

PRICE REFERENCE	DESCRIPTION	QTY.	MEAS.	UNIT PRICE	AMOUNT
	Pump Charge	1	EA	1400 <sup>00</sup>	1400 <sup>00</sup>
	Cement BFW 3% Beta-1 25185/ha.B12M1	243	SLS	18 <sup>25</sup>	4916 <sup>50</sup>
	Belly -1	4	QTS	750	30 <sup>00</sup>
	Dye	16	QZ	15 <sup>00</sup>	240 <sup>00</sup>
	milage /over mile Round Trip 60m.p.mur	3	EA	180 <sup>00</sup>	540 <sup>00</sup>
	Date Apr.	1	EA	225 <sup>00</sup>	225 <sup>00</sup>
	Drilling				
	RHO 136				
	WELL NAME & NO.				
	PROJECT NO.				
	TASK OR COMP W/O REV)				
	ACTG CODE				
	DOLLAR TOTAL BEING APP				
	DATE				
	INT LEVEL APPROVAL				
	DATE				
	NO LEVEL APPROVAL				
	MAIL TO: NOBLE ENERGY INC				
	1525 BRIDGE				
	SUITE 200				
	DENVER, CO 80202				
	TAX REFERENCES				
	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 ANNUAL PERCENTAGE RATE OF 18%.				
	"TAXES WILL BE ADDED AT CORPORATE OFFICE"				
	TOTAL				
	SUB TOTAL				
	TAX				
	TOTAL				

If this account is not paid within 30 days, date a FINANCE CHARGE will be made, at a single monthly rate of 1 1/2% which is an ANNUAL PERCENTAGE RATE OF 18%.

DENVER, CO 80202 TAX REFERENCES

NO INVOICE WILL BE PAID W/O ALL  
ATTACHED SIGNED FIELD TICKETS

STAYES WILL BE AB

TAXES WILL BE AD



1

1000

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Agent

terms and conditions on this work order

not which include the release and indent



# 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	5-14-12	WELL NAME	Ludwig Hob-31-D	SECTION	6	TWP	3	RGE	65	COUNTY	Weld	FORMATION
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CHARGE TO	Noble	OWNER	
Mailing Address	Operator Noble		
CITY	Contractor Zysman 13C		
STATE ZIP CODE	Distance to Location		
TIME ARRIVED ON LOCATION	TIME LEFT LOCATION		

WELL DATA			
HOLE SIZE	12 1/4	PERFORATIONS	
TOTAL DEPTH	703	SHOTS/FT	
TUBING DEPTH	649.57	OPEN HOLE	
CASING SIZE	8 5/8	TUBING CONDITION	
CASING DEPTH	695	TREATMENT VIA	
CASING WEIGHT	24185	PACKER DEPTH	
CASING CONDITION	Good		

PRESSURE SUMMARY			
BREAKDOWN or CIRCULATING	psi	AVERAGE	psi
FINAL DISPLACEMENT	psi	ISIP	psi
ANNULUS	psi	5 MIN SIP	psi
MAXIMUM	psi	15 MIN SIP	psi
MINIMUM	psi		
TYPE OF TREATMENT			
BREAKDOWN BPM		1 SURFACE PIPE	
INITIAL BPM		1 PRODUCTION CASING	
FINAL BPM		1 SQUEEZE CEMENT	
MINIMUM BPM		1 ACID BREAKDOWN	
MAXIMUM BPM		1 ACID STIMULATION	
AVERAGE BPM		1 ACID SPOTTING	
		1 MISC PUMP	
		1 OTHER	
TREATMENT RATE			
			HYD HHP = RATE X PRESSURE X 40.8

INSTRUCTIONS PRIOR TO JOB  
 Rig up, Safford, 7:35 PM. Arr 8:17 PM. Cement start 8:30 PM.  
 Cement stop 8:38 PM. Displace 8:48 PM.  
 Used 5% excess  
 Used 242 sacks cement  
 Slum 54.7  
 Flow back held  
 41. BBL 1-3 BBL 5:00 PM 350 PSI  
 40 BBL 1-3 BBL 8:59 PM 350 PSI  
 30 BBL 5-5 BBL 8:55 PM 480 PSI  
 20 BBL 5-4 BBL 8:53 PM 330 PSI  
 10 BBL 5-4 BBL 8:51 PM 260 PSI  
 5-14-12

Left with 5% cement  
 5% BBL 8:51 PM 260 PSI  
 5-14-12  
 DATE  
 TITLE  
 AUTHORIZATION TO PROCEED  
 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	11553	Service Date	5-14-12
Well Permit Number	6745	Well Name	LUDWIG
Well Type	Gas	Well Location	DCR 3.5-138
Well Number	HBL-310	County	WELF
Lease		SEC/TWP/RNG	2-3-65
Job Type	Surface Pipe	State	CO
Company Name	ADRIAL	Supervisor Name	M: W. Posner
Customer Representative	John Kline	Employee Name	Tucker
Customer Phone Number		Total Exposure Hours	
Exposure Hours (Per Employee)	4	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

### CUSTOMER SATISFACTION RATING

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

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

### Please Circle:

Yes / No - Did an accident or injury occur? ☒ Yes ☐ No

Yes / No - Did an injury requiring medical treatment occur? ☒ Yes ☐ No

Yes / No - Did a first-aid injury occur? ☒ Yes ☐ No

Yes / No - Did a vehicle accident occur? ☒ Yes ☐ No

Yes / No - Was a post-job safety meeting held? ☒ Yes ☐ No

### 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

5-14-12





# B.O.C. Tailgate Safety Meeting Report

Date: 5-14-12 Time: 7:35 AM  
Facility Name and Location: Ludwig H06-310  
Nearest Emergency Medical Service Number (Other than 911): 670  
Work to be Undertaken: Sulfur Pipe  
Meeting Facilitator: Mike Rosalva  
INVOICE 11553

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)  
☒ 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

ADDITIONAL PPE REQUIREMENT (based on the job specific hazards, check all that apply)  
☒ Eyes/Face  
☒ Tinted Lenses  
☒ Goggles  
☒ Facemask  
☒ 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  
☒ Additional Topics Covered:  
☒ Egress  
☒ Means of Egress  
☒ Communication Methods  
☒ Emergency Equipment  
☒ Attendees (Signature)/Company  
☒ Attendees (Signature)/Company  
Other Considerations and Field Notes: