



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

Invoice #	11409
Date	3/10/2012

Invoice

Location	Well Name & No.	Terms	Job Type
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Well, CO.	Kohlhoff AC 09-65 HN	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
HOURS	Wait Time	1		250.00	250.00
Discount 15%				-15.00%	-37.50
BFN III Winter ...	Subtotal of Services	1		2,090.25	2,090.25
Discount 15%				-15.00%	-313.54
KCL Mud Flush		441	Sack	18.25	8,048.25
Discount 15%				-15.00%	-1,207.24
Discount 15%				-15.00%	-4.50
Subtotal of Materials		0	oz	0.00	6,866.51

Please Remit Payment To:

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

Subtotal	\$8,956.76
Sales Tax (2.9%)	\$199.13
Total	\$9,155.89
Balance Due	\$9,155.89







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	11409	Well Permit Number	645	Well Type	69-65 NW	Lease	Surface Pipe	Company Name	Wesic	Customer Representative	Lance / Mike	Customer Phone Number	
Service Date	3-10-12	Invoice Amount		Well Name	Kohloft AC	Well Location	74-65	County	Weld	SEC/TWP/RNG	8 7N 63W	State	CO
Supervisor Name	Kirk Kallhoff	Employee Name		Exposure Hours (Per Employee)	6.5	Did we encounter any problems on this job?	Yes / 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
- Opportunity**  
Best Practices  
Potential Best Practice  
Prevention/Improvement

### RATING / CATEGORY

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

### 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) ?
- Did the equipment condition and appearance meet your expectation ?
- How well did our personnel communicate during mobilization, rig up, and job execution ?
- 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?

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

3-10-12



# B.O.C. Tailgate Safety Meeting Report

1738 Wynkoop St., Ste. 10  
Denver, Colorado 80202  
Phone: 303-296-3010  
Fax: 303-298-8143  
E-mail: bisonoil1@qwestoffice.net



INVOICE 11/09

Meeting Facilitator Kirk Kallhoff

Work to be Undertaken 5" Surfact Pipe

Nearest Emergency Medical Service Number (Other than 911) 696-6544

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
- ☐ 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
- ☐ Face Shield
- ☐ 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: