



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	5/24/2012
Invoice #	11008

Invoice

Location	Well Name & No.	Terms	Job Type
Weld, CO.	Front Range D09-20D	Net 30	Surface Pump

Item	Description	Qty	U/M	Rate	Amount
Pump surface	PUMP Charge-surface pipe	1		1,400.00	1,400.00
Discount 15%				-210.00	-210.00
MILEAGE	Mileage charge	360		1.50	540.00
Discount 15%				-81.00	-81.00
Data Acquisition ...	Data Acquisition Charge	1		225.00	225.00
Discount 15%				-33.75	-33.75
BFN III Summer ...	Subtotal of Services			18.25	1,840.25
Discount 15%				-722.70	-722.70
KCL Mud Flush	BFN III Blend	264	Sack	7.50	4,818.00T
Discount 15%				-722.70	-722.70
Dye (Hot Pink 4880)	(BHS 117)	4	qt	15.00	30.00T
Discount 15%				-4.50	-4.50
Dye - 4880	Dye (Hot Pink 4880)	16	oz	15.00	240.00T
Discount 15%				-36.00	-36.00
Subtotal of Materials				4,324.80	4,324.80

Please Remit Payment To:
Bison Oil Well Cementing, Inc.
P.O. Box 29671
Thornton, CO 80229

Subtotal	\$6,165.05
Sales Tax (2.9%)	\$125.42
Total	\$6,290.47
Balance Due	\$6,290.47

Bison Oil Well Cementing, Inc. Representatives

Customer or His Agent

SUBJECT TO CORRECTION

"TAXES WILL BE ADDED AT CORPORATE OFFICE"

TOTAL

TAX

SUB TOTAL

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 ATTACHED SIGNED FIELD TICKETS

ANNUAL PERCENTAGE RATE OF 18%.

[illegible]

PRICE REFERENCE	DESCRIPTION	QTY.	MEAS.	UNIT PRICE	AMOUNT
	Pump Charge	1	EA	1400.00	1400.00
	Cement Batch 3% Batch 1 2518558 BFM-1	264	SFS	18.25	4818.00
	Belly-1	4	QTS	750	30.00
	Dye	16	OZ	15.00	240.00
	Miling 100 per m.l. Round Trip 60 m.l. m.l.	3	EA	180.00	540.00
	Data	1	EA	225.00	225.00

WELL NO. AND FARM		COUNTY		WELL LOCATION		CHARGE TO	
Front Range Dogs - 200		Weld		TWP. 3		Noble	
RANGE 64		STATE		DELIVERED TO		SEC. 9	
DATE		CONTRACTOR		WELL TYPE		TYPE AND PURPOSE OF JOB	
5-24-12		Ensign 136		3		Surface Pipe	
1		2		3		4	
LOCATION		LOCATION		LOCATION		LOCATION	
Shop		53 + 36		Shop		Shop	
CODE		CODE		CODE		CODE	
1		2		3		4	
WELL TYPE		WELL TYPE		WELL TYPE		WELL TYPE	
645		645		645		645	

1738 Wynkoop St., Ste. 102
Denver, Colorado 80202
Phone: 303-296-3010
Fax: 303-298-8143
E-mail: bisono11@qwestoffice.net



BISON OIL WELL CEMENTING, INC.

SERVICE INVOICE

№ 11008

add with ghs cement
KLGts
Dye
13

Ed 5788 7/1/87

used 6.90 o/e excess
used olive oil 5.97
5.97

10 BBL at 5-7 BBL/m 12:16 AM 290 PSI
20 BBL at 5-7 BBL/m 12:18 AM 380 PSI
30 BBL at 5-5 BBL/m 12:20 PM 570 PSI
40 BBL at 3-6 BBL/m 12:22 PM 400 PSI
44.7 BBL at 1-3 BBL/m 12:25 AM 320 PSI
Group plus 1-3 BBL/m 12:25 AM 320 PSI
Flow Coker held

JOB SUMMARY	
DESCRIPTION OF JOB EVENTS	
Start time 11:30pm	Dir 11:54pm Cement start 12:52pm
12:14pm Release plug	12:14pm Disposal 12:14pm
12:10 pm	

INSTRUCTIONS PRIOR TO JOB

Ris up Saffronmeh, Pst test 500 Pst over c10 BBS head/Kill mix over
10 Dp, Mix + Pump 322.5 lbs Cement (30% Excess) 1.07 yd at 15-2 lbs or unit/
Company me STOPPING. Drop Plog Disp has 447 BBS 140 Bump Plus Pst over
Lit w/At Depth min Release Pst Wash up Plog 140m
Arrived with 750 Sbs 1096 BBS Head Log
Stony 574

[illegible]

CHARGE TO	Noble
MAILING ADDRESS	
CITY	
STATE ZIP CODE	
TIME ARRIVED ON LOCATION	10:00 PM
TIME LEFT LOCATION	
OWNER	
OPERATOR	Noble
CONTRACTOR	Ensign 134
DISTANCE TO LOCATION	
PRESSURE LIMITATIONS	

DATE	5-21-12	WELL NAME	Front Range D05-200	SECTION	9	TWP	3	RGE	64	COUNTY	Weld	FORMATION	
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Fax: 303-298-8143
E-mail: bisonoil1@qwestoffice.net



BISON OIL WELL CEMENTING, INC.

REF. INVOICE # 11008
LOCATION LTL 36 153
FOREMAN Mike Rosalik

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	5-24-12
Invoice Amount	From Range
Well Name	WEL 53132
Well Location	Weld
SEC/TWP/RNG	4-364
State	W
Supervisor Name	MIC ROYAL
Employee Name	
Exposure Hours (Per Employee)	3
Invoice Number	11008
Well Permit Number	CLAS
Well Number	003 200
Lease	
Job Type	Surface Rpt
Company Name	Noble
Customer Representative	
Customer Phone Number	

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

RATING / CATEGORY

- Personnel -
- Equipment -
- Job Design -
- Product / Material -
- Health & Safety -
- Environmental -
- Timeliness -
- Condition / Appearance -
- Communication -
- 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 migs, 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 - 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?

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?

THE INFORMATION HEREIN IS CORRECT -

Customer Representative's Signature

Date

5-24-12

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



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E-mail: blason11@qwestoffice.net

B.O.C. Tailgate Safety Meeting Report

INVOICE

11008

Date 5-24-02 Time 11:12 AM ☒ PM ☐

Facility Name and Location Front Range 008-000

Nearest Emergency Medical Service Number (Other than 911) 303-296-3010

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)

- ☒ Hazardous Substance
- ☒ Walking/Working Surfaces
- ☒ Noise Levels
- ☒ Sharp Edges
- ☒ Insects/Snakes/etc.
- ☒ MSDS's Reviewed
- ☒ Walk Around Site Assessment
- ☐ Other

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
- ☒ Rubber Boots
- ☒ Over Boots
- ☒ Dielectric Boots
- ☒ Feet
- ☒ Air Purifying Respirator
- ☒ Supplied Air Respirator
- ☒ Personal H2S Monitor (if in sour area)
- ☒ Chemical Resistant Clothing
- ☒ Personal Fall Arrest Systems
- ☐ Other

Additional Topics Covered:

Attendees (Signature)/Company

Attendees (Signature)/Company

Other Considerations and Field Notes: