



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	6/4/2012
Invoice #	11015

Invoice

Location	Well Name & No.	Terms	Job Type
Weld, CO.	Shelton PC G24-31D	Net 30	Surface Pump
Item	Description	Qty	U/M
Pump surface	PUMP Charge-surface pipe	1	
Discount 15%			
MILEAGE	Mileage charge	360	
Discount 15%			
Data Acquisition ...	Data Acquisition Charge	1	
Discount 15%			
Discount 15%			
BFN III Summer ...	BFN III Blend	257	Sack
Discount 15%			
KCL Mud Flush	(BHS 117)	3	qt
Discount 15%			
Discount 15%	Dye (Hot Pink 4880)		
Discount 15%			
Dye - 4880		16	oz
Discount 15%			
Subtotal of Materials			

Rate	Amount
1,400.00	1,400.00
-15.00%	-210.00
1.50	540.00
-15.00%	-81.00
225.00	225.00
-15.00%	-33.75
1,840.25	1,840.25
4,690.25T	4,690.25T
-703.54	-703.54
22.50T	22.50T
-3.38	-3.38
240.00T	240.00T
-36.00	-36.00
4,209.83	4,209.83

Please Remit Payment To:

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

Subtotal	\$6,050.08
Sales Tax (2.9%)	\$122.09
Total	\$6,172.17
Balance Due	\$6,172.17

BISON OIL WELL CEMENTING, INC.



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

SERVICE INVOICE

№ 11015

WELL NO. AND FARM		SHELTON PC 62431D	
COUNTY	STATE	DATE	CONTRACTOR
Weld	CO	6-4-12	Ensign 126
WELL LOCATION		CHARGE TO	
SEC. TWP. RANGE		Noble	

DELIVERED TO		SHIPPED VIA		TYPE AND PURPOSE OF JOB	
LOC 47+44		LOC 47+44		Surfactant	
LOCATION	CODE	LOCATION	CODE	LOCATION	CODE
1 SHOP		2 LOC 47+44		3 SHOP	
WELL TYPE		CODE		CODE	
645					

PRICE REFERENCE	DESCRIPTION	QTY.	MEAS.	UNIT PRICE	AMOUNT
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1	EA	1400.00	1400.00		
257	SK	18.25	4690.25		
3	ATS	7.50	22.50		
16	02	15.00	240.00		
EA		180.05	540.00		
EA		22.50	22.50		

RIG NAME & NUMBER		ENSIGN # 226	
WELL NAME & NUMBER		SHELTON PC 62431D	
DATE		6/4/12	
TAS		135874	
EXT. VPE		P&A	
APPROVED		11 0017	
APPROVED		7/17/12	
DOLLAR TOTAL BEING APPLIED		7117.75	
DATE		6/4/12	
ROUTE TO APPROVER			
MAIL TO: NOBLE ENERGY INC. ATTN: ACCOUNTS PAYABLE 1425 BROADWAY, SUITE 2200 DENVER, CO 80202 NO INVOICE WILL BE PAID UNLESS ALL ATTACHED SIGNED FIELD TICKETS			

TOTAL	Loaded Miles	Ton Miles
1067.67		
2.91% TAX		
3117.75		
122.09		
16172.17		

"TAXES WILL BE ADDED AT CORPORATE OFFICE"

TOTAL

SUB TOTAL

SUBJECT TO CORRECTION

Bison Oil Well Cementing, Inc. Representative

Customer or His Agent

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, Colorado 80202
Phone: 303-296-3010
Fax: 303-298-8143
E-mail: bisonoil@gwstoffice.net

TREATMENT REPORT

DATE	WELL NAME	SECTION	TYP	RGE	COUNTRY	FORMATION
6-4-12	Shelford PL- 824-31-D				WELL	

REF. INVOICE # 11015

LOCATION UTA 4744

FOREMAN Mike Rosalez

CHARGE TO	MAILING ADDRESS	CITY	STATE ZIP CODE	TIME ARRIVED ON LOCATION	TIME LEFT LOCATION
Noble				6:30 AM	10:00 PM
OWNER	OPERATOR	CONTRACTOR	DISTANCE TO LOCATION		
	Noble	Ensign 126			

HOLE SIZE	TUBING SIZE	PERFORATIONS	TUBING DEPTH	TUBING WEIGHT	TUBING CONDITION	CASING SIZE	CASING DEPTH	CASING WEIGHT	CASING CONDITION
12 1/4	6.33			8.58		6.215	8415	Good	
TOTAL DEPTH	TUBING DEPTH	SHOTS/FT	SURFACE PIPE ANNUUS LONG	STING	TUBING	TYPE OF TREATMENT	TREATMENT RATE	BREAKDOWN BPM	INITIAL BPM

BREAKDOWN or CIRCULATING	psi	AVERAGE	psi	[] ACID BREAKDOWN	MINIMUM BPM
FINAL DISPLACEMENT	psi	ISIP	psi	[] ACID STIMULATION	MAXIMUM BPM
ANNULUS	psi	5 MIN SIP	psi	[] ACID SPOTTING	AVERAGE BPM
MAXIMUM	psi	15 MIN SIP	psi	[] MISC PUMP	
MINIMUM	psi			[] OTHER	HYD HHP = RATE X PRESSURE X 40.8

INSTRUCTIONS PRIOR TO JOB
Rig up, Saffmeyer, PSI Test 500 PSI, Cnr 40 Bbls H₂O, mix 200 lbs Dye, mix + Pump, 200 lbs Cement (30% excess) 100 yd at 15.2, 100 or until Company men stops us. Displace Bbls Bbls, New Release Plug Bump Plug 150 PSI, 1st Release PSI
Lust up Rig Down
Arrived with 600 sks Cement - 16 yd H₂O, 16 02 Dye
Saffmeyer 7:50 AM
Arr 8:14 AM
Cement start 8:57 AM
Cement stop 9:30 AM
Deep Plug 9:30 AM
Displace 9:38 AM
10 Bbls at 5-7 Bbls 9:31 AM 340 PSI
20 Bbls at 5-7 Bbls 9:36 AM 390 PSI
30 Bbls at 3-6 Bbls 9:38 AM 300 PSI
36 Bbls at 1-3 Bbls 9:40 AM 300 PSI
Bump Plug 1-3 Bbls 9:40 AM 600 PSI

Flow Collar Hold
B55 Back to PT
Add with 343 sks Cement 12 gals H₂O
6-4-12

DATE 6-4-12
TITLE
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

Invoice Number	11015
Well Permit Number	
Well Type	Gas
Well Number	PC-624-31-D
Lease	
Job Type	Surface Ppr
Company Name	Mosaic
Customer Representative	Lynde
Customer Phone Number	
Supervisor Name	Mike Roth
State	CO
Well Name	Shelton
Well Location	LA 44417
County	Weld
SEC/WP/RNG	
Service Date	6-4-12
Invoice Amount	
Employee Name	
Total Exposure Hours	
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 -	Did our personnel perform to your satisfaction ?
Equipment -	Did our equipment perform to your satisfaction ?
Job Design -	Did we perform the job to the agreed upon design ?
Product / Material -	Did our products and materials perform as you expected ?
Health & Safety -	Did we perform in a safe and careful manner (Pre / post migs, PPE, TSMR, etc..) ?
Environmental -	Did we perform in an environmentally sound manner (Spills, leaks, cleanup, etc..) ?
Timeliness -	Was job performed as scheduled (On time to site, accessible to customer, completed when expected) ?
Condition / Appearance -	Did the equipment condition and appearance meet your expectation ?
Communication -	How well did our personnel communicate during mobilization, rig up, and job execution ?
Improvement -	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:

THE INFORMATION HEREIN IS CORRECT -

Customer Representative's Signature

Steve Rouse

Date

6-4-12

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



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B.O.C. Tailgate Safety Meeting Report

INVOICE

11015

Date 6-4-12

Time 7:50 AM

Meeting Facilitator Mike Rosal

Work to be Undertaken Surface P.P.

Facility Name and Location Shiloh Pkwy 31-0 Greeley

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/Leaks
- ☒ Flying Particles
- ☒ Overhead Power Lines
- ☒ 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
- ☒ Hazardous Substance
- ☒ Hazardous Atmosphere
- ☒ Walking/Working Surfaces
- ☒ Noise Levels
- ☒ Sharp Edges
- ☒ Insects/Snakes/etc.
- ☒ MSDS's Reviewed
- ☒ Walk Around Site Assessment

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

Master Areas Communication Methods Means of Egress Emergency Equipment

Additional Topics Covered:

Attendees (Signature)/Company

Attendees (Signature)/Company

Other Considerations and Field Notes: