



Bison Oil Well Cementing Inc.
Suite 102
Denver, CO 80202
303-296-3010

Bill To	Noble Energy Inc. Attn: Accounting 1625 Broadway Ste 2000 Denver, CO 80202
---------	---

Date	7/11/2012
Invoice #	11210

Invoice

Location	Well Name & No.	Terms	Job Type
----------	-----------------	-------	----------

Well, CO.	Thomas USX X07-28D	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%				-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
BFN III Summer ...	Subtotal of Services			18.25	1,840.25
Discount 15%				-15.00%	-273.75
Neat Type III	Neat Type III	100	Sack	18.25	1,825.00T
Discount 15%				-15.00%	-273.75
KCL Mud Flush	(BHS 117)	280	Sack	7.50	2,100.00T
Discount 15%				-15.00%	-315.00
Subtotal of Materials	Subtotal of Materials	3	qt	7.50	22.50T
Discount 15%				-15.00%	-3.38
					5,913.87

Please Remit Payment To:

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

Subtotal	\$7,754.12
Sales Tax (2.9%)	\$171.50
Total	\$7,925.62
Balance Due	\$7,925.62

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	7-11-12
Invoice Amount	
Well Name	Thompson 45X X
Well Location	22-37
County	Weld
SEC/TWP/RNG	6-2N-65W
Supervisor Name	Rick Kallert
Employee Name	
Exposure Hours (Per Employee)	3
Invoice Number	11210
Well Permit Number	65
Well Type	Surfacer Pipe
Lease	Acute
Company Name	Mike Sifton
Customer Representative	
Customer Phone Number	
Total Exposure Hours	
Did we encounter any problems on this job? Yes <input type="radio"/> No <input checked="" type="radio"/>	

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?	Yes <input checked="" type="radio"/> No <input type="radio"/>
Did our equipment perform to your satisfaction?	Yes <input checked="" type="radio"/> No <input type="radio"/>
Did we perform the job to the agreed upon design?	Yes <input checked="" type="radio"/> No <input type="radio"/>
Did our products and materials perform as you expected?	Yes <input checked="" type="radio"/> No <input type="radio"/>
Did we perform in a safe and careful manner (Pre / post mtgs, PPE, TSMR, etc..) ?	Yes <input checked="" type="radio"/> No <input type="radio"/>
Did we perform in an environmentally sound manner (Spills, leaks, cleanup, etc..) ?	Yes <input checked="" type="radio"/> No <input type="radio"/>
Was job performed as scheduled (On time to site, accessible to customer, completed when expected)?	Yes <input checked="" type="radio"/> No <input type="radio"/>
Did the equipment condition and appearance meet your expectation?	Yes <input checked="" type="radio"/> No <input type="radio"/>
How well did our personnel communicate during mobilization, rig up, and job execution?	Yes <input checked="" type="radio"/> No <input type="radio"/>
What can we do to improve our service?	

Please Circle:

Yes <input checked="" type="radio"/> No <input type="radio"/> - Did an accident or injury occur?
Yes <input checked="" type="radio"/> No <input type="radio"/> - Did an injury requiring medical treatment occur?
Yes <input checked="" type="radio"/> No <input type="radio"/> - Did a first-aid injury occur?
Yes <input checked="" type="radio"/> No <input type="radio"/> - Did a vehicle accident occur?
Yes <input checked="" type="radio"/> No <input type="radio"/> - Was a post-job safety meeting held?
Yes <input checked="" type="radio"/> No <input type="radio"/> - Were emergency services discussed?
Yes <input checked="" type="radio"/> No <input type="radio"/> - Did environmental incident occur?
Yes <input checked="" type="radio"/> No <input type="radio"/> - 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

7-11-12

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 11210

Date 7-11-12 Time 4:24 PM
 Facility Name and Location Thompson USX 707-230
 Nearest Emergency Medical Service Number (Other than 911) 813-5430
 Work to be Undertaken Surface Pipe

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)

☒ Hazardous Substance ☒ Trapped Pressure
☒ Walking/Working Surfaces ☒ Overhead work/suspended Loads/Chains/Slings
☒ Sharp Edges ☒ NORM or Other Radiation
☒ Noise Levels ☒ Flammable/Combustible/Explosives
☒ Insects/Snakes/etc. ☒ Pinch Points/Moving/Rotating Equipment
☒ MSDS's Reviewed ☒ Waste Handling/Disposal
☒ Walk Around Site Assessment ☒ Excavation Collapse

ADDITIONAL PPE REQUIREMENT (based on the job specific hazards, check all that apply)

☒ Eyes/Face ☒ Hands ☒ Feet
☒ Tinted Lenses ☒ Heat Resistant Gloves ☒ Rubber Boots
☒ Goggles ☒ Heat Resistant Gloves ☒ Over Boots
☒ Faceshield ☒ Cotton or Leather Gloves ☒ Dielectric Boots
☒ Hearing Protection ☒ Dielectric Gloves

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: