



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

Invoice #	7/4/2012
	11056

Invoice

Location	Well Name & No.	Terms	Job Type
Well, CO.	Guttersen USX D21-25	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	Milage 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	8.5		250.00	2,125.00
Discount 15%				-15.00%	-319.65
BFN III Summer ...	Subtotal of Services				3,965.25
Discount 15%				-15.00%	-594.75
KCL Mud Flush	BFN III Blend	300	Sack	18.25	5,475.00
Discount 15%				-15.00%	-821.25
(BHS 117)		5	qt	7.50	37.50
Discount 15%				-15.00%	-5.63
Dye (Hot Pink 4880)		16	oz	15.00	240.00
Discount 15%				-15.00%	-36.00
Subtotal of Materials					4,889.62

Please Remit Payment To:

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

Subtotal	\$8,854.87
Sales Tax (2.9%)	\$141.80
Total	\$8,996.67
Balance Due	\$8,996.67

BISON OIL WELL CEMENTING, INC.



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

SERVICE INVOICE

No 11056

WELL NO. AND FARM		Cotton 02-25	
COUNTY	STATE	DATE	CONTRACTOR
Weld	CO	7/11/12	7/11/12
WELL LOCATION		Saxon 143	
SEC.	TWP.	RANGE	SECTION
21	3N	64W	143
DELIVERED TO		LOCATION	
34853		Shop	
SHIPPED VIA		LOCATION	
3601		34853	
TYPE AND PURPOSE OF JOB		LOCATION	
Surface Pump		Shop	
WELL TYPE		CODE	
3		605	

PRICE REFERENCE	DESCRIPTION	QTY.	MEAS.	UNITS	UNIT PRICE	AMOUNT
	Run Charge	1	cc		1400	1400
	BEAD 30% BEA-12 Sls/LK 8FTY-1	300	Sls		18.25	5475
	Belly	5	CS		7.50	37.50
	Daye	16	QT		24.00	384.00
	Alloy B/L / no bearing round trip	3	cc		180	540
	DATE TOL	1	cc		82.50	82.50
	30 day	8.5	hrs		850	850
	WELL NAME & NUMBER					
	SAXON 143					
	WELL NAME & NUMBER					
	134916					
	TASK (OIL COMP. W/O. HSA)					
	01/1					
	EXP TYPE					
	ACTG CODE					
	0017					
	DOLLAR TOTAL BEING APPVD					
	10043.50					
	DATE					
	7/11/12					
	ROUTED TO APPROVER					
	10043.50					
	DIFFERENCES					
	MAIL TO NOBLE ENERGY INC.					
	ATTN: ACCOUNTS PAYABLE					
	1625 BIRCHMOUNT CORPORATE OFFICE					
	DENVER, CO 80202					
	NO INVOICE WILL BE PAID W/O ALL					
	ATTACHED SIGNED FIELD TICKETS					

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 an ANNUAL PERCENTAGE RATE OF 18%.

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 ATTN: ACCOUNTS PAYABLE
 1625 BIRCHMOUNT CORPORATE OFFICE
 DENVER, CO 80202
 NO INVOICE WILL BE PAID W/O ALL
 ATTACHED SIGNED FIELD TICKETS

SUB TOTAL
 TAX
 TOTAL

1187.63
 10043.50
 8996.67

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: bisonoil1@qwestoffice.net

TREATMENT REPORT

DATE	7/16/12	WELL NAME	Gifterson UG 02-25	SECTION	21	TWP	3N	RGE	64N	COUNTY	64N	FORMATION	
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CHARGE TO	Apple	OWNER	Apple
MAILING ADDRESS		OPERATOR	Apple
CITY		CONTRACTOR	Scyon WB
STATE ZIP CODE		DISTANCE TO LOCATION	12.30 pm
TIME ARRIVED ON LOCATION	2:00 pm	TIME LEFT LOCATION	12:30 pm

[illegible]

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	

$HYP\ HHP = RATE \times PRESSURE \times 40.8$

INSTRUCTIONS PRIOR TO JOB

King up Softly midday BSTed per co-man. (in 50 bbls he lifts 2nd level/dye mixed jump 334 sbs count at 30% forward areas at 127 yards at 15.2 lbs weight) see prior steps as Release plug deep 117 blls then Bury Plug 150 psi one lift psi craft some release ps " quickly rig down

Handled w/ 750 sbs count Ugel Rec. 16 ordlys
bbls stem

JOB SUMMARY

Description of Job Events

Softly meeting Person can 11/17 Day 11/19
Day Plug 11/19
Day count 11/19

Grand 11:26

10	665	at	11:46	cm	150
90	665	at	11:48		170
80	665	at	11:49		270
40	665	at	11:52		310
17	665	at	11:56		520
					520
					520

678 lbs slurry
 678 lbs slurry
 678 lbs slurry
 678 lbs slurry

11/11/19 SLS count gd rec BBS Bst 6

DATE _____

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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	7/4/12	Invoice Number	11056
Invoice Amount	\$4453.00	Well Permit Number	6-2
Well Name	CHEROKEE 05X0	Well Type	6-2
Well Location	34453	Well Number	6-2
County	Weld	Lease	6-2
SEC/TWP/RNG	21 30 6400	Job Type	Sealing Pipe
State	CO	Company Name	Sealing Pipe
Supervisor Name	John (unclear)	Customer Representative	John
Employee Name		Customer Phone Number	
Total Exposure Hours		Exposure Hours (Per Employee)	10.5
			10.5
			10.5

Did we encounter any problems on this job? Yes () No (X)

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

CUSTOMER SATISFACTION RATING

- Please Circle:**
- Personnel -
 - Equipment -
 - Job Design -
 - Product / Material -
 - Health & Safety -
 - Environmental -
 - Timeliness -
 - Condition / Appearance -
 - Communication -
 - Improvement -
- 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?
- Please Circle:**
- Yes / No - Was a pre-job safety meeting held?
 - Yes / No - Were safety analysts completed?
 - Yes / No - Were emergency services discussed?
 - Yes / No - Did environmental incident occur?
 - Yes / No - Did any near misses occur?
- What can we do to improve our service?**
- How well did our personnel communicate during mobilization, rig up, and job execution?
- Did the equipment condition and appearance meet your expectation?
- Was job performed as scheduled (On time to site, accessible to customer, completed when expected)?
- Did we perform in an environmentally sound manner (Spills, leaks, cleanup, etc..) ?
- Did we perform in a safe and careful manner (Pre / post mtgs, PPE, TSMR, etc..) ?
- Did our products and materials perform as you expected ?
- Did we perform the job to the agreed upon design ?
- Did our equipment perform to your satisfaction ?
- Did our personnel perform to your satisfaction ?

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

7/4/12



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B.O.C. Tailgate Safety Meeting Report

INVOICE 11052

Date 7/11/12 Time 10:50 AM ☒ PM ☐
Facility Name and Location 6th Ave 15X 021-25 24453
Nearest Emergency Medical Service Number (Other than 911) Smith
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
☐ Flying Particles
☐ Spills/Leaks
☐ Overexertion/Heavy Lifting
☐ Electrical Current
☐ Extreme Heat/Cold
☐ Slips/Trips/Falls
☐ Falling from Heights
☐ Positions of People
☐ Eyes/Face
☐ Tinted Lenses
☐ Goggles
☐ Faceshield
☐ Hearing Protection

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