



BISON

Invoice

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

Date	Invoice #
12/7/2012	11667

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

Location	Well Name & No.	Terms	Job Type		
Weld, CO	Jeanie AB-10-01R	Net 30	Surface Pipe		
Item	Description	Qty	U/M	Rate	Amount
Pump surface	PUMP Charge-surface pipe	1		1,400.00	1,400.00
Discount 15%	Discount 15%			-15.00%	-210.00
MILEAGE	Pick-Up Truck Mileage charge	60		3.00	180.00
Discount 15%	Discount 15%			-15.00%	-27.00
MILEAGE	Equipment Truck Mileage charge	60		3.00	180.00
Discount 15%	Discount 15%			-15.00%	-27.00
MILEAGE	Equipment Mileage charge	60		3.00	180.00
Discount 15%	Discount 15%			-15.00%	-27.00
Data Acquisition ...	Data Acquisition Charge	1		225.00	225.00
Discount 15%	Discount 15%			-15.00%	-33.75
HOURS	Wait Time	3		250.00	750.00
	Subtotal of Services				2,590.25
BFN III Winter ...	BFN III Blend	100	Sack	18.50	1,850.00T
Discount 15%	Discount 15%			-15.00%	-277.50
BFN III Winter ...	BFN III Blend	311	Sack	18.50	5,753.50T
Discount 15%	Discount 15%			-15.00%	-863.03
BFN III Winter ...	BFN III Blend	21	Sack	18.50	388.50T
Discount 15%	Discount 15%			-15.00%	-58.28
KCL Mud Flush	(BHS 117)	4	qt	7.50	30.00T
Discount 15%	Discount 15%			-15.00%	-4.50
Dye - 4880	Dye (Hot Pink 4880)	16	oz	15.00	240.00T
Discount 15%	Discount 15%			-15.00%	-36.00

Please Remit Payment To:

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

Subtotal

Sales Tax (2.9%)

Total

Balance Due



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

Location	Well Name & No.	Terms	Job Type		
Weld, CO	Jeanie AB-10-01R	Net 30	Surface Pipe		
Item	Description	Qty	U/M	Rate	Amount
	Subtotal of Materials				7,022.69
					9,612.94

Please Remit Payment To:

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

Subtotal	\$9,612.94
Sales Tax (2.9%)	\$203.66
Total	\$9,816.60
Balance Due	\$9,816.60

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



SERVICE INVOICE

№ 11667

WELL NO. AND FARM Jeanie AB 10-01 R		COUNTY Weld	STATE CO	DATE 12-7-12
CHARGE TO Noble		WELL LOCATION SEC. 10 TWP. 7N RANGE 6W		CONTRACTOR Ensign 121
DELIVERED TO 80 + 55			LOCATION 1 Shop	CODE
SHIPPED VIA 3102			LOCATION 2 80 + 55	CODE
TYPE AND PURPOSE OF JOB Surface P.P.			LOCATION 3 Shop	CODE
			WELL TYPE Gas	CODE

PRICE REFERENCE	DESCRIPTION	UNITS		UNIT PRICE	AMOUNT	
		QTY.	MEAS.			
	Pump Charge	1	EA	1400 ⁰⁰	1400	00
	Cement BFW Type III 3% 25 lbs BCCA-1 BFLA-1 15.2 lbs at 1.27 yield .5.89 H ₂ O	100	SKS	1850	1850	00
	Cement Type III 17+ 14.8 1.32 yield 6.3 BCCA-1	381	SKS	1850	5753	50
	POP Job BFW Type III 3% 25 lbs yield 1.27	4	RTS	750	30	
	Dye	21	SKY	1850	3885	50
		16	OE	15 ⁰⁰	240	00
	Pick up	60	mile	3.00	180	00
	Truck Equipment	60	mile	3.00	180	00
	Equipment	60	mile	3.00	180	00
	Date	1	EA	225 ⁰⁰	225	00
	WAIT 3 hrs	3	hrs	250 ⁰⁰	250	00

DRILLING

RIG NO.
ENSIGN 121

WELL NAME & NO.
JEANIE AB 10-01 R

PROJECT NO.
139657

TASK (OIL COMP W/O PMS)
DRL

ACTG CODE
6017

DOLLAR TOTAL BEING APPROVED
11177.00

1ST LEVEL APPROVAL DATE
Robert Nichols 12-8-12

2ND LEVEL APPROVAL DATE

MAIL TO: NOBLE ENERGY INC.
1625 BROADWAY
SUITE 2200
DENVER, CO 80202
NO INVOICE WILL BE FLD 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 1/4% which is equal to an ANNUAL PERCENTAGE RATE OF 18%.

TAX REFERENCES	SUB TOTAL	11,177 00
"TAXES WILL BE ADDED AT CORPORATE OFFICE"	TAX	
	TOTAL	<i>[Signature]</i>

Customer or His Agent Bison Oil Well Cementing, Inc. Representative

[Signature]

SUBJECT TO CORRECTION

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.



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REF. INVOICE # 11667
 LOCATION WCR 80155
 FOREMAN MIKE ROSS

TREATMENT REPORT

DATE <u>12-7-12</u>	WELL NAME <u>Tecnic AB-10-01-R</u>	SECTION <u>TD</u>	TWP <u>7N</u>	RGE <u>64W</u>	COUNTY <u>Weld</u>	FORMATION
CHARGE TO <u>Noble</u>			OWNER			
MAILING ADDRESS			OPERATOR <u>Noble</u>			
CITY			CONTRACTOR <u>Envy 121</u>			
STATE ZIP CODE			DISTANCE TO LOCATION			
TIME ARRIVED ON LOCATION <u>5:00 pm</u>			TIME LEFT LOCATION <u>5:30 AM</u>			

WELL DATA			PRESSURE LIMITATIONS		
HOLE SIZE <u>12 3/4</u>	TUBING SIZE	PERFORATIONS	THEORETICAL		INSTRUCTED
TOTAL DEPTH <u>895</u>	TUBING DEPTH	SHOTS/FT	SURFACE PIPE ANNULUS LONG		
<u>894:85</u>	TUBING WEIGHT	OPEN HOLE	STRING		
CASING SIZE <u>9 5/8</u>	TUBING CONDITION		TUBING		
CASING DEPTH <u>584.48</u>	TREATMENT VIA		TYPE OF TREATMENT		TREATMENT RATE
CASING WEIGHT <u>36 lb</u>	CRACKER DEPTH		<input type="checkbox"/> SURFACE PIPE		BREAKDOWN BPM
CASING CONDITION <u>Good</u>			<input type="checkbox"/> PRODUCTION CASING		INITIAL BPM
			<input type="checkbox"/> SQUEEZE CEMENT		FINAL BPM
			<input type="checkbox"/> ACID BREAKDOWN		MINIMUM BPM
			<input type="checkbox"/> ACID STIMULATION		MAXIMUM BPM
			<input type="checkbox"/> ACID SPOTTING		AVERAGE BPM
			<input type="checkbox"/> MISC PUMP		
			<input type="checkbox"/> OTHER		HYD HHP = RATE X PRESSURE X 40.8

PRESSURE SUMMARY			
BREAKDOWN or CIRCULATING psi	AVERAGE psi		
FINAL DISPLACEMENT psi	ISIP psi		
ANNULUS psi	5 MIN SIP psi		
MAXIMUM psi	15 MIN SIP psi		
MINIMUM psi			

INSTRUCTIONS PRIOR TO JOB Rig up Saffymech Circ 40BBB H2O KA mix Dye, mix Pump a Lead Cement at 14.8 311 sks Type III Cement at 20% excess Then Tail of 101 sks at 15-2 TYP III 30% Cutl DROP Plus Displac 65.3 B/Bs Bon Plus 100 cuv Let Rules PSE Wash up Rig Down 14.2 1.30gpd wt 6-3 TOP JOB 21 sks Let with 600 cement 15-2 1.27 at 7.2

JOB SUMMARY

DESCRIPTION OF JOB EVENTS

Activity	Time	PSI
Rig up Saffymech Circ	11:30 pm	
Cement start DROP Plus	12:30 am	
Displac 133 m	12:55 am	
START Cement	1:05 am	
STOP Cement	1:33 am	
Used 20% Excess	1:36 am	10 340
Used 311 sks Cement	1:38 am	20 350
Tail slurry Lead slurry	1:40 am	30 450
27.3	1:42 am	40 460
BBBs to P.T (5)	1:44 am	50 510
TOP JOB 21 sks Cement	1:48 am	60 530
Flow Coller held	1:51 am	65.3 360
Let 169 sks Cement 4 gals kcal 100oz Dye		

Robert Nichol Well Site Supervisor 12-7-12
 AUTHORIZATION TO PROCEED TITLE DATE

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

Service Date 12-7-12 Invoice Number 11667
 Invoice Amount _____ Well Permit Number _____
 Well Name Iconic Well Type Gas
 Well Location 80 + 33 Well Number AB-10-01-R
 County Weld Lease _____
 SEC/TWP/RNG 10-7w-66hd Job Type Surf
 State CO Company Name NOBLE
 Supervisor Name Mike Rosale Customer Representative _____
 Employee Name _____ Customer Phone Number _____

Exposure Hours (Per Employee)
12
12
12
 Total Exposure Hours 12

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

CUSTOMER SATISFACTION RATING

- 5 Personnel - Did our personnel perform to your satisfaction ?
- 5 Equipment - Did our equipment perform to your satisfaction ?
- 5 Job Design - Did we perform the job to the agreed upon design ?
- 5 Product / Material - Did our products and materials perform as you expected ?
- 5 Health & Safety - Did we perform in a safe and careful manner (Pre / post mtgs, PPE, TSMR, etc..) ?
- 5 Environmental - Did we perform in an environmentally sound manner (Spills, leaks, cleanup, etc..) ?
- 5 Timeliness - Was job performed as scheduled(On time to site, accessible to customer,completed when expected)?
- 5 Condition / Appearance - Did the equipment condition and appearance meet your expectation?
- 5 Communication - How well did our personnel communicate during mobilization, rig up, and job execution?
- 3 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?

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:
Mike & His crew Done a excellent job and I am looking forward
to working with them again

THE INFORMATION HEREIN IS CORRECT -

Robert Nichols Robert Nichols
 Customer Representative's Signature

12-7-12
 Date

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

Date 12-7-12 Time 1230 AM PM Meeting Facilitator Mike Ragan INVOICE 11667
 Facility Name and Location TECH AB D-01 R Work to be Undertaken Q. Surface Pipe
 Nearest Emergency Medical Service Number (Other than 911) Corral

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)

<input checked="" type="checkbox"/> Positions of People	<input type="checkbox"/> Job Safety Analysis Reviewed (if applicable)	<input type="checkbox"/> Hazardous Substance
<input type="checkbox"/> Falling from Heights	<input type="checkbox"/> NORM or Other Radiation	<input type="checkbox"/> Hazardous Atmosphere
<input type="checkbox"/> Slips/Trips/Falls	<input type="checkbox"/> Overhead work/suspended Loads/Chains/Slings	<input checked="" type="checkbox"/> Walking/Working Surfaces
<input type="checkbox"/> Extreme Heat/Cold	<input checked="" type="checkbox"/> Trapped Pressure	<input type="checkbox"/> Noise Levels
<input type="checkbox"/> Electrical Current	<input type="checkbox"/> Flammable/Combustible/Explosives	<input type="checkbox"/> Sharp Edges
<input type="checkbox"/> Overexertion/Heavy Lifting	<input checked="" type="checkbox"/> Pinch Points/Moving/Rotating Equipment	<input type="checkbox"/> Insects/Snakes/etc.
<input type="checkbox"/> Spills/Releases	<input type="checkbox"/> Waste Handling/Disposal	<input type="checkbox"/> MSDS's-Reviewed
<input type="checkbox"/> Flying Particles	<input checked="" type="checkbox"/> Excavation Collapse	<input checked="" type="checkbox"/> Walk Around Site Assessment
<input type="checkbox"/> Overhead Power Lines	<input type="checkbox"/>	<input type="checkbox"/>

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

Eyes/Face	Hands	Feet	Other
<input type="checkbox"/> Tinted Lenses	<input type="checkbox"/> Chemical Resistant Gloves	<input type="checkbox"/> Rubber Boots	<input type="checkbox"/> Air Purifying Respirator
<input type="checkbox"/> Goggles	<input type="checkbox"/> Heat Resistant Gloves	<input type="checkbox"/> Over Boots	<input type="checkbox"/> Supplied Air Respirator
<input type="checkbox"/> Faceshield	<input type="checkbox"/> Cotton or Leather Gloves	<input type="checkbox"/> Dielectric Boots	<input type="checkbox"/> Personal H2S Monitor (if in sour area)
<input type="checkbox"/> Hearing Protection	<input type="checkbox"/> Dielectric Gloves	<input type="checkbox"/>	<input type="checkbox"/> Chemical Resistant Clothing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Personal Fall Arrest Systems
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMERGENCY PREPARATIONS

Muster Areas Communication Methods Means of Egress Emergency Equipment

Additional Topics Covered:

Attendees (Signature)/Company	Attendees (Signature)/Company
<u>Mike Ragan</u> BISON	<u>Tim [Signature]</u> [Signature]
<u>[Signature]</u> BISON	<u>Brent [Signature]</u> Ensign
<u>[Signature]</u> BISON	<u>[Signature]</u> BISON
<u>[Signature]</u> Noble	<u>[Signature]</u> BISON

Other Considerations and Field Notes: