



BISON

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

Invoice

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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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

Nº 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 yd. 5.89 H ₂ O	100	SKS	1850	1850	00
	Cement Type III 17+ 14.8 1.32 yd. 6.3 BCCA-1	381	SKS	1850	5753	50
	TOP Job BFW Type III 3% 25 lbs yd 1.27	4	QTS	750	30	
	Dye	21	SKY	1850	3885	50
		16	DE	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 (DRILL, COMP, W/O, P/W)	DRL
ACTG. CODE	6017
DOLLAR TOTAL BEING APPROVED	11177.00
1ST LEVEL APPROVAL	DATE
2ND LEVEL APPROVAL	DATE
MAIL TO: NOBLE ENERGY INC. 1625 BROADWAY SUITE 2200 DENVER, CO 80202 NO INVOICE WILL BE FWD 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

TAX

"TAXES WILL BE ADDED AT CORPORATE OFFICE"

TOTAL

SUBJECT TO CORRECTION

Customer or His Agent

Bison Oil Well Cementing, Inc. Representative

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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E-mail: bisonoil1@qwestoffice.net

REF. INVOICE # 11667
LOCATION WCR 80105
FOREMAN Mike Ross

TREATMENT REPORT

DATE	WELL NAME	SECTION	TWP	RGE	COUNTY	FORMATION
12-7-12	Jeanie AB-10-01-R	TD	7N	64W	Weld	

CHARGE TO <u>Noble</u>	OWNER
MAILING ADDRESS	OPERATOR <u>Noble</u>
CITY	CONTRACTOR <u>Gray 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>884.48</u>	TREATMENT VIA	TYPE OF TREATMENT		TREATMENT RATE	
CASING WEIGHT <u>36.10</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	

PRESSURE SUMMARY					
BREAKDOWN or CIRCULATING psi	AVERAGE psi		<input type="checkbox"/> ACID BREAKDOWN	MINIMUM BPM	
FINAL DISPLACEMENT psi	ISIP psi		<input type="checkbox"/> ACID STIMULATION	MAXIMUM BPM	
ANNULUS psi	5 MIN SIP psi		<input type="checkbox"/> ACID SPOTTING	AVERAGE BPM	
MAXIMUM psi	15 MIN SIP psi		<input type="checkbox"/> MISC PUMP		
MINIMUM psi			<input type="checkbox"/> OTHER	HYD HHP = RATE X PRESSURE X 40.8	

INSTRUCTIONS PRIOR TO JOB Rig up Saffymet Circ 40 BBL 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% Cut, DROP Plus Displac 5.3 BLS Bore Plus 100 cuv
Let Rules PSI Wash up Rig Down 14.2 1.30gpd at 6-3, TOP Job 21 sks
Let with 600 Cement 15-2 1.27 at 7-2

JOB SUMMARY

DESCRIPTION OF JOB EVENTS

Rig up	Saffymet	Circ	Cement start	DROP Plus	Displac 133 m
11:30 pm	12:30 AM	12:55 AM	1:05 AM	1:33 AM	Tim 10 PSI
START Cement	STOP Cement				1:36 AM 10 340
					1:38 AM 20 350
Used 20% Excess		TAIL			1:40 AM 30 450
Used 311 sks Cement		Used 10% Excess			1:42 AM 40 460
Tail slurry Lead slurry		121 sks Cement			1:44 AM 50 510
27.3	73.11				1:48 AM 60 530
BBs to P.T. (5)		TOP Job 21 sks Cement			1:51 AM 65.3 360
		Flow Coller held			1:51 Bump Plus 600
Let 169 sks Cement 4 gals KA 1000 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 Amount _____
Well Name Iconic
Well Location 80 + 33
County Weld
SEC/TWP/RNG 10 - 7w - 64d
State CO
Supervisor Name Mike Rosale
Employee Name _____

Invoice Number 11667
Well Permit Number _____
Well Type Gas
Well Number AB-10-01-R
Lease _____
Job Type Surf
Company Name Noble
Customer Representative _____
Customer Phone Number _____

Exposure Hours (Per Employee)

Wade
John
Pete

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

- 5 Personnel -
- 5 Equipment -
- 5 Job Design -
- 5 Product / Material -
- 5 Health & Safety -
- 5 Environmental -
- 5 Timeliness -
- 5 Condition / Appearance -
- 5 Communication -
- 3 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 mtgs, 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 - 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:

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

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?

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 Rahn INVOICE 11667
Facility Name and Location TECH AB D-01 R Work to be Undertaken Q. Surface Prep
Nearest Emergency Medical Service Number (Other than 911) Corcoran

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

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
☐ _____

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
<u>Mike Rahn BISON</u>	<u>Timothy Ensign</u>
<u>Bob Ensign BISON</u>	<u>Timothy Ensign</u>
<u>Bob Ensign BISON</u>	<u>Timothy Ensign</u>
<u>Bob Ensign BISON</u>	<u>Timothy Ensign</u>

Other Considerations and Field Notes: