



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
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Date	5/30/2012
Invoice #	11013

Invoice

Location	Well Name & No.	Terms	Job Type	
Weld, CO.	LDS D17-24D	Net 30	Surface Pump	
Item	Description	Qty	U/M	Rate
Pump surface	PUMP Charge-surface pipe	1		1,400.00
Discount 15%				-210.00
MILEAGE	Mileage charge	360		540.00
Discount 15%				-81.00
Data Acquisition ...	Data Acquisition Charge	1		225.00
Discount 15%				-33.75
BFN III Summer ...	Subtotal of Services			1,840.25
Discount 15%				-276.04
KCL Mud Flush	BFN III Blend	307	Sack	18.25
Discount 15%				-273.75
(BHS 117)	Discount 15%	5	qt	7.50
Discount 15%				-112.50
Dye (Hot Pink 4880)	Discount 15%	16	oz	15.00
Discount 15%				-225.00
Subtotal of Materials				4,998.21
Discount 15%				-749.73
				4,248.48

Please Remit Payment To:

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

Subtotal	\$6,838.46
Sales Tax (2.9%)	\$144.95
Total	\$6,983.41
Balance Due	\$6,983.41





Co Man

BB's Back to Pot

50.7 BBLs 1.3 BBLs 233 PM 360 BT

50 BBLs at 1-3 BBL/min 532 PM 360 Pst Flow Coll'r Held

40 BBLS at 3-2 BBK 2:31 PM 4/60 P37

36 BBK 4+5-7 BBK 5:29 PM 400 PSI

20 BBS at 15-7 BBS at 1:27 PM 3:00 PST

10/15/15 2:30 PM - 2:35 PM

Story 652

Cement stop 2:16 pm  
Drop box 2:22 pm  
Displace 2:22 pm

DESCRIPTION OF JOB EVENTS	SAFETY MEETING	1:10 PM	Live	1:34 PM	Cement	STAT	1:49 PM

## JOB SUMMARY

Positive with 650 SKs 16.5K per 16.02.84g

Relaxer PST, wash up big down.

US Release Plug @ 150 pps 527.886 Hz 13ump Plug 150 pps over 144 wait couple min

mix + pump 372 s/s cement (30% excess) 1.27 gnd 15-2/185 or until pumping near stoppers

INSTRUCTIONS PRIOR TO JOB

WELL DATA

### PRESSURE LIMITATIONS

## FORMATION

1738 Wynkoop St., Ste. 102  
Denver, Colorado 80202  
Phone: 303-296-3010  
Fax: 303-298-8143  
E-mail: [bisonoil1@qwestoffice.net](mailto:bisonoil1@qwestoffice.net)



**BISON OIL WELL CEMENTING, INC.**

REF. INVOICE # 11613

LOCATION WCA 34+53

FOREMAN Mike Rosalez

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	11013	Service Date	5-30-12
Well Permit Number	648	Invoice Amount	
Well Type	Gas	Well Name	LD3
Well Number	D-17-24 D	Well Location	WCL 34753
Lease		County	Weld
Job Type	Surface Pipe	SEC/TWP/RNG	17-2-30
Company Name	Noble	State	CO
Customer Representative	L. Hillman	Supervisor Name	Mike Rosale
Customer Phone Number		Employee Name	
Exposure Hours (Per Employee)	3.5		

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

### CUSTOMER SATISFACTION RATING

Did our personnel perform to your satisfaction?	4	Personnel -
Did our equipment perform to your satisfaction?	4	Equipment -
Did we perform the job to the agreed upon design?	4	Job Design -
Did our products and materials perform as you expected?	4	Product / Material -
Did we perform in a safe and careful manner (Pre / post migs, PPE, TSMR, etc.)?	4	Health & Safety -
Did we perform in an environmentally sound manner (Spills, leaks, cleanup, etc.)?	4	Environmental -
Was job performed as scheduled (On time to site, accessible to customer, completed when expected)?	4	Timeliness -
Did the equipment condition and appearance meet your expectation?	4	Condition / Appearance -
How well did our personnel communicate during mobilization, rig up, and job execution?	4	Communication -
What can we do to improve our service?	4	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 - 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 -

Customer Representative's Signature

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

Date

5-30-12





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Denver, Colorado 80202  
Phone: 303-296-3010  
Fax: 303-296-8143  
E-mail: bison11@qwestoffice.net

# B.O.C. Tailgate Safety Meeting Report

INVOICE

11013

Date 5-30-12 Time 1:10 ☒ AM ☒ PM Meeting Facilitator Mike Rosalez  
Facility Name and Location LBDS 0-17-294 Work to be Undertaken Strike Ppt  
Nearest Emergency Medical Service Number (Other than 911) Gracie

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  
☐ Dielectric Gloves  
☐ Cotton or Leather Gloves  
☐ Heat Resistant Gloves  
☐ Chemical Resistant Gloves  
☐ Rubber Boots  
☐ Over Boots  
☐ Dielectric Boots  
☐ Feet  
☐ Other

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

☐ Air Purifying Respirator  
☐ Supplied Air Respirator  
☐ Personal H2S Monitor (if in sour area)  
☐ Chemical Resistant Clothing  
☐ Personal Fall Arrest Systems  
☐ Other

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: