



Denver, CO 80202
303-296-3010

303-296-3010

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

Denver, CO 80202

Bill To	Noble Energy Inc. Attn: Accounting 1625 Broadway Ste 2000 Denver, CO 80202
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6/15/2012	11085
Date	Invoice #

Invoice

[illegible]

Please Remit Payment To:

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

Thornion, CO 80229

P.O. Box 29671

Thornion, CO 80229

Subtotal	\$7,936.66
Sales Tax (2.9%)	\$176.80
Total	\$8,113.46
Balance Due	\$8,113.46

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

SERVICE INVOICE

Nº 11085

WELL NO. AND FARM	Reliance - 33-0	COUNTY	Weld	STATE	CO	DATE	6-15-12
CHARGE TO	Noble	WELL LOCATION	SEC. 6	TWP. 7	RANGE 65	CONTRACTOR	Bismarck
DELIVERED TO	WLR 07 + 32	SHIPPED VIA	3100 + 3200	TYPE AND PURPOSE OF JOB	Surface Pipe	LOCATION	1 Shop
LOCATION	1	LOCATION	2 WLR 07 + 32	LOCATION	2	LOCATION	2 WLR 07 + 32
CODE	1	CODE	2	CODE	2	CODE	2
WELL TYPE	Gas	WELL TYPE	Gas	WELL TYPE	Gas	WELL TYPE	Gas
CODE	1	CODE	2	CODE	2	CODE	2

[illegible]

PROG NAME & NUMBER	
WELL NAME & NUMBER	Ensley 226
DATE OF LAST PRODUCTION	X0633
A/E NUMBER	135850
TASK ID# (Circled)	
CORR/W/O. PISA)	

ACTCODE	1.10017
TAXES WILL BE ADDED AT CHECKOUT	
DOLLAR TOTAL BEING PAID	933.25
FIELD APPROVAL	
TAX DATE	
ROUTE TO APPROVAL	
MAIL TO: NOBI INC. ATTN: ACCOUNTS PAYABLE 135 BROADWAY, SUITE 2200 DENVER, CO 80202	
NO INVOICE WILL BE PAID W/O ALL ATTACHED SIGNED FIELD TICKETS	

E ADDED AT CORPORATE OFFICE"

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.

SUBJECT TO CORRECTION

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	11085	Service Date	6-15-18
Well Permit Number	045	Well Name	Lehigh
Well Type	Gas	Well Location	Well 30+27
Lease	Y06-33-0	County	Weld
Job Type	Surface Rpt	SEC/TWP/RNG	6-2-65
Company Name	Noble	State	TX
Customer Representative	Mike	Supervisor Name	Mike Rosales
Customer Phone Number		Employee Name	
Exposure Hours (Per Employee)	4/4/4/4	Total Exposure Hours	
Did we encounter any problems on this job? Yes <input checked="" type="radio"/> No <input type="radio"/>			

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 -	5
Equipment -	5
Job Design -	5
Product / Material -	5
Health & Safety -	5
Environmental -	5
Timeliness -	5
Condition / Appearance -	5
Communication -	5
Improvement -	5

Please Circle:

Yes / No - Did an accident or injury occur? ☒ Yes / ☒ No

Yes / No - Did an injury requiring medical treatment occur? ☒ Yes / ☒ No

Yes / No - Did a first-aid injury occur? ☒ Yes / ☒ No

Yes / No - Did a vehicle accident occur? ☒ Yes / ☒ No

Yes / No - Was a post-job safety meeting held? ☒ Yes / ☒ No

Please Circle:

Yes / No - Was a pre-job safety meeting held? ☒ Yes / ☒ No

Yes / No - Was a job safety analysis completed? ☒ Yes / ☒ No

Yes / No - Were emergency services discussed? ☒ Yes / ☒ No

Yes / No - Did environmental incident occur? ☒ Yes / ☒ No

Yes / No - Did any near misses occur? ☒ Yes / ☒ No

Did our personnel perform to your satisfaction? ☒ Yes / ☒ No

Did our equipment perform to your satisfaction? ☒ Yes / ☒ No

Did we perform the job to the agreed upon design? ☒ Yes / ☒ No

Did our products and materials perform as you expected? ☒ Yes / ☒ No

Did we perform in a safe and careful manner (Pre / post mtgs, PPE, TSMR, etc..)? ☒ Yes / ☒ No

Did we perform in an environmentally sound manner (Spills, leaks, cleanup, etc..)? ☒ Yes / ☒ No

Was job performed as scheduled (On time to site, accessible to customer, completed when expected)? ☒ Yes / ☒ No

Did the equipment condition and appearance meet your expectation? ☒ Yes / ☒ No

How well did our personnel communicate during mobilization, rig up, and job execution? ☒ Yes / ☒ No

What can we do to improve our service? ☒ Yes / ☒ No

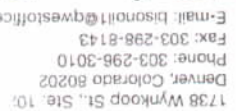
THE INFORMATION HEREIN IS CORRECT -

Customer Representative's Signature

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

Date

6-15-18



INVOICE 11085

Facility Name and Location	Work to be Undertaken
KCHd - X 06 - 33-0	Surface PDC

MINIMUM STANDARDS REQUIREMENT VERIFICATION (must be verified for all members of a work party)

☐ Flame Resistant Clothing ☐ New on Job Review ☐ Onsite Orientation ☐ Other (specify) _____

☒ Positions of People ☐ Job Safety Analysis Reviewed (if applicable) ☐ Hazardous Substance

☒ Slips/Trips/Falls

☐ Overexertion/Heavy Lifting ☒ Pinch Points/Moving/Rotating Equipment ☐ Insects/Snakes/etc.

☐ Overhead Power Lines

Eyes/Face	Hands	Feet	Other

- ☐ Goggles
- ☐ Heat Resistant Gloves
- ☐ Over Boots
- ☐ Supplied Air Respirator
- ☐ Personal H2S Monitor (if in sour area)

☐ Personal Fall Arrest Systems

☒ Disaster Areas ☒ Communication Methods ☐ Means of Egress ☐ Emergency Equipment

Attendees (Signature)/Company	Attendees (Signature)/Company
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Handwritten signature: *James M. Smith*

Other Considerations and Field Notes: