



P.O. BOX 975682
DALLAS, TX 7539
435-725-5344

DATE _____

ORDERED BY		TITLE		SERVICE SUPV.		Brackelsberg	
PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	DISC.	AMOUNT	
70-255-0100	Pack off	STEPHENS #1					
0032	Shance Rental	RC# 425774531					
299-0130	4.50" Bage Ring/Junk Basket Surt to 6776	0052					
200-9998	Fuel Surcharge						
		✓ 02.3					
				Discount			

Employee Name (Print)

Brian Harder, Chris Sropel

CUSTOMER AGREES to pay Nabors Completion & Production Services Co. (the "Company") on a net 30 day basis from date of invoice. If Customer disputes any item invoiced, Customer shall, within 20 days after receipt of invoice, notify the Company of the item(s) disputed, specifying the reason(s) therefor; payment of the disputed item(s) may be withheld until settlement of dispute, but payment of undisputed portion of invoice shall be made without delay. All payments shall be made at the address shown on the reverse side of this document. In the absence of a separate written contract, CUSTOMER REPRESENTATIVE REPRESENTS AND WARRANTS THAT HE/SHE IS AUTHORIZED TO ENTER INTO THIS AGREEMENT ON BEHALF OF CUSTOMER AND ACCEPTS ALL TERMS AND CONDITIONS AS PRINTED ON THE REVERSE SIDE OF THIS DOCUMENT (WHICH INCLUDES INDEMNITY LANGUAGE THAT ALLOCATES RISKS RELATED TO THE ABOVE DESCRIBED SERVICES). Pricing and extensions, if shown above, are subject to verification and correction at time of invoicing.

-ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED

NABORS COMPLETION & PRODUCTION SERVICES CO.

NAB0997 (09/12) • GMG Services, Inc. • 713 460-8801

White - Customer

Green - Customer

Casey - Accounting

Pink Invoice

[illegible]



PLEASE REMIT TO:
NABORS COMPLETION & PRODUCTION SERVICES CO.
P.O. BOX 975682
DALLAS, TX 75397-5682
435-725-5344

FIELD TICKET No. 20278

DELIVERED FROM

DATE

CUSTOMER NO.	LEASE	STEPHENS #01	WELL NO.	
CUSTOMER	FIELD	WATTENBERG	STATE	COLO
ADDRESS	LOCATION	WCR 44+31, N 1/2, E 1/4	COUNTY	WELD
CITY	CASING SIZE & WT.	5 1/2" 20#	TBG. SIZE	
STATE	TYPE OF JOB	G/R Plug	PAD	

ORDERED BY	ZIP	TITLE	SERVICE SUPV.	BRACKELSBORG
PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE

PART NO.	DESCRIPTION	REV. CODE	QTY.	UNIT PRICE	DISC.	AMOUNT
70-250-0100	Pack off equip					
0032	Flange Rental	STEPHENS #1				
299-0130	4.50" Gage Ring/Bunk Basket Surt 10 7200 RD	425774531				
75-820-1055	5 1/2" CIBP set w/ Baker #20 @ 7185	0197				
810-1040	Plug Setting Items					
70-200-9998	Fuel Surcharge	8023				

TOTAL SERVICE & MATERIALS		TAXABLE	ST.	AMT.
DISCOUNT				
TOTAL CHARGES				

WITH MY INITIALS, I CONFIRM THAT THE TIME SHOWN IN THE "HOURS" COLUMN, ACCURATELY REFLECTS MY COMPENSABLE TIME.

Employee Name (Print) Chris Stropeel, Brian Harder

CUSTOMER AGREES to pay Nabors Completion & Production Services Co. (the "Company") on a net 30 day basis from date of invoice. If Customer disputes any item invoiced, Customer shall, within 20 days after receipt of invoice, notify the Company of the item(s) disputed, specifying the reason(s) therefor; payment of the disputed item(s) may be withheld until settlement of dispute, but payment of undisputed portion of invoice shall be made without delay. All payments shall be made at the address shown on the reverse side of this document. In the absence of a separate written contract, CUSTOMER REPRESENTATIVE REPRESENTS AND WARRANTS THAT HE/SHE IS AUTHORIZED TO ENTER INTO THIS AGREEMENT ON BEHALF OF CUSTOMER AND ACCEPTS ALL TERMS AND CONDITIONS AS PRINTED ON THE REVERSE SIDE OF THIS DOCUMENT WHICH INCLUDES INDEMNITY LANGUAGE THAT ALLOCATES RISKS RELATED TO THE ABOVE DESCRIBED SERVICES. Pricing and extensions, if shown above, are subject to verification and correction at time of invoicing.

Customer Representative

X

NABORS COMPLETION & PRODUCTION SERVICES CO.



PLEASE REMIT TO:
NABORS COMPLETION & PRODUCTION SERVICES CO.
P.O. BOX 975682
DALLAS, TX 75397-5682
435-725-5344

FIELD TICKET No. 20281

DELIVERED FROM

DATE 2/28/14

CUSTOMER NO.	LEASE Stephens #1	WELL NO.
CUSTOMER Noble	FIELD Wattenberg	COUNTY weld
ADDRESS	LOCATION 1002 44+31 N 1/2, E 21+10	INVOICE NO.
CITY	CASING SIZE & WT. 5 1/2, 20#	P.O. NO.
STATE	TYPE OF JOB P&A	AFE NO.

ORDERED BY	ZIP	TITLE	SERVICE SUPV.	REV. CODE	QTY.	UNIT PRICE	DISC.	AMOUNT
Mr Marshall			Brackelsberg					
70-214-0200		CBL Depth chg Surf to 7180	02154.00		7180			
299-0200		Dump Bail 25x Cement onto Plug @ 7185	RE# 425774531		7185			
75-805-0100		3 1/8" HSC 3 1/8" Port Plug Gun w/ 2 shots @ 5000' 0009						
		3 1/8" Port Plug Gun w/ 1 shot @ 4800'						
815-0100		Select fire hands (x2)			2	95		
70-255-0100		Pack off						
0032		Flange Rental						
200-9998		Fuel Surcharge						
TOTAL SERVICE & MATERIALS				TAX %	ST.	TAXABLE AMT.		
TOTAL CHARGES								

WITH MY INITIALS, I CONFIRM THAT THE TIME SHOWN IN THE "HOURS" COLUMN, ACCURATELY REFLECTS MY COMPENSABLE TIME.

Employee Name (Print)

Brian Harder
Chris Hooper

CUSTOMER AGREES to pay Nabors Completion & Production Services Co. (the "Company") on a net 30 day basis from date of invoice. If Customer disputes any item invoiced, Customer shall, within 20 days after receipt of invoice, notify the Company of the item(s) disputed, specifying the reason(s) therefor; payment of the disputed item(s) may be withheld until settlement of dispute, but payment of undisputed portion of invoice shall be made without delay. All payments shall be made at the address shown on the reverse side of this document. In the absence of a separate written contract, CUSTOMER REPRESENTATIVE REPRESENTS AND WARRANTS THAT HE/SHE IS AUTHORIZED TO ENTER INTO THIS AGREEMENT ON BEHALF OF CUSTOMER AND ACCEPTS ALL TERMS AND CONDITIONS AS PRINTED ON THE REVERSE SIDE OF THIS DOCUMENT (WHICH INCLUDES INDEMNITY LANGUAGE THAT ALLOCATES RISKS RELATED TO THE ABOVE DESCRIBED SERVICES). Pricing and extensions, if shown above, are subject to verification and correction at time of invoicing.

X

NABORS COMPLETION & PRODUCTION SERVICES CO.

CUSTOMER REPRESENTATIVE



P.O. BOX 975682
DALLAS, TX 75397-5682
435-725-5344

DATE 07-04-2010

PART NO.	DESCRIPTION	REV CODE	QTY.	UNIT PRICE	DISC.	AMOUNT
73-803-106	4 Shot Squeez Gun		1	[REDACTED]		[REDACTED]
70-255-0100	Pack-off		1	[REDACTED]		[REDACTED]
70-210-1111	Fuel Switching			[REDACTED]		[REDACTED]
				\$111.11		[REDACTED]
				Deduct -		[REDACTED]

WITH MY INITIALS, I CONFIRM THAT THE TIME SHOWN IN THE
"HOURS" COLUMN, ACCURATELY REFLECTS MY COMPENSABLE TIME.

Connelly, S. Robert

CUSTOMER AGREES to pay Nabors Completion & Production Services Co. (the "Company") on a net 30 day basis from date of invoice. If Customer disputes any item invoiced, Customer must, within 20 days after receipt of invoice, notify the Company of the item(s) disputed, specifying the reason(s) therefor; payment of the disputed item(s) may be withheld until settlement of dispute, but payment of undisputed portion of invoice shall be made without delay. All payments shall be made at the address shown on the reverse side of this document. In the absence of a separate written contract, CUSTOMER REPRESENTATIVE REPRESENTS AND WARRANTS THAT HE/SHE IS AUTHORIZED TO ENTER INTO THIS AGREEMENT ON BEHALF OF CUSTOMER AND ACCEPTS ALL TERMS AND CONDITIONS AS PRINTED ON THE REVERSE SIDE OF THIS DOCUMENT (WHICH INCLUDES INDEMNITY LANGUAGE THAT ALLOCATES RISKS RELATED TO THE ABOVE DESCRIBED SERVICES). Pricing and extensions, if shown above, are subject to verification and correction at time of invoicing. ACCIDENT REPORT MUST BE ATTACHED WHEN NOT SIGNED

NABORS COMPLETION & PRODUCTION SERVICES CO.

JAB0997 (09/12) • GMG Services, Inc. • 713 460-8801

White - Customer

Green - Customer

Answer – Accounting

Dinl - Invoice

CUSTOMER REPRESENTATIVE

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P.O. BOX 975682
DALLAS, TX 75397-5682
435-725-5344

DELIVERED FROM _____
DATE _____

Employee Name (Print)	Stoppel, border
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CUSTOMER AGREES to pay Nabors Completion & Production Services Co. (the "Company") on a net 30 day basis from date of invoice. If Customer disputes any item invoiced, Customer shall, within 20 days after receipt of invoice, notify the Company of the item(s) disputed, specifying the reason(s) therefor; payment of the disputed item(s) may be withheld until settlement of dispute, but payment of undisputed portion of invoice shall be made without delay. All payments shall be made at the address shown on the reverse side of this document. In the absence of a separate written contract, CUSTOMER REPRESENTATIVE REPRESENTS AND WARRANTS THAT HE/SHE IS AUTHORIZED TO ENTER INTO THIS AGREEMENT ON BEHALF OF CUSTOMER AND ACCEPTS ALL TERMS AND CONDITIONS AS PRINTED ON THE REVERSE SIDE OF THIS DOCUMENT (WHICH INCLUDES INDEMNITY LANGUAGE THAT ALLOCATES RISKS RELATED TO THE ABOVE DESCRIBED SERVICES). Pricing and extensions, if shown above, are subject to verification and correction at time of invoicing.

NABORS COMPLETION & PRODUCTION SERVICES CO.		CUSTOMER REPRESENTATIVE	
X		X	
NAB0997 (09/12) • GMG Services, Inc. • 713 460-8801	White - Customer	Green - Customer	Canary - Accounting
			Black - Invoice
			Gold - Field

SERVICE INVOICE

№ 12359

WELL NO. AND FARM 01 Stephen		COUNTY Weld	STATE Colo	DATE 3-4-14	
CHARGE TO Noble		WELL LOCATION SEC. 15 TWP. 4N RANGE 66W		CONTRACTOR	
			DELIVERED TO CR 44-CR 31	LOCATION 1 Luselle	CODE
			SHIPPED VIA 4018-3104	LOCATION 2 CR 44 CR 31	CODE
			TYPE AND PURPOSE OF JOB Plug and Abandon	LOCATION 3 Luselle	CODE
				WELL TYPE Oil	CODE

PRICE REFERENCE	DESCRIPTION	UNITS		UNIT PRICE	AMOUNT
		QTY.	MEAS.		
	Pump charge	1	Ea	\$ [REDACTED]	[REDACTED]
	Mileage	60	Ea	\$ [REDACTED]	[REDACTED]
	Mile age Pickup	60	Ea	\$ [REDACTED]	[REDACTED]
	Iron inspection	1	Ea	\$ [REDACTED]	[REDACTED]
	Supervisor Charge		Ea	\$ [REDACTED]	[REDACTED]
	Data Ag Fee		Ea	\$ [REDACTED]	[REDACTED]
	Cement	100	Sks	\$ [REDACTED]	[REDACTED]
	Sugar	50	Ea	\$ [REDACTED]	[REDACTED]
	Stamp #1				
	R# 425-774531				
	0019				
	1				
	0231				
	01				
	[Signature]				
	Total Weight			Ton Miles	
	Loaded Miles				

TAX REFERENCES

SUB TOTAL

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

Customer: noble
Well Name: stephen #1

Invoice # 12359
API# 05-123-11552
Foreman: Aaron
Date 3/3/2014
3-8-14

County: Weld
State: Colorado

Sec: 15
Twp: 4n
Range: 66w

Consultant: Dennis Chris
Rig Name & Number: ensign #332
Distance To Location: 65 mi
Units On Location: 4018 3104
Time Requested: 8 30 am
Time Arrived On Location: 8:00 AM

Plug Job

Well Data

OD Inches	2.375	
String Weight Per ft	4.7	
First Plug Sacks	100	
First Plug Depth	5000	
Second Plug Sacks		
Second Plug Depth		
Third Plug Sacks	0	
Third Plug Depth	0	
Fourth Plug Sacks	0	
Fourth Plug Depth	0	
ID	1.995	
First Plug Displacement	19.3310	bbl
Second Plug Displacement	0.0000	bbl
Thirst Plug Displacement	0.0000	bbl
Fourth Plug Displacement	0.0000	bbl
bbls of Spacer Ahead	5	bbls

bbls of Slurry

First Plug bbls of Slurry	20.4815 bbls
Second Plug bbls of Slurry	0.0000 bbls
Third Plug bbls of Slurry	0.0000 bbls
Fourth Plug bbls of Slurry	0.0000 bbls

Time Left Location:

First Plug Cement Data

Cement Name: BFN III
Cement Density (lb/gal) : 15.8
Cement Yield (cuft) : 1.15
Gallons Per Sack: 5.00

Second Plug Cement Data

Cement Name: BFN III
Cement Density (lb/gal) : 15.5
Cement Yield (cuft) : 1.15
Gallons Per Sack: 5.00

Third Plug Cement Data

Cement Name: BFN III
Cement Density (lb/gal) : 0.0
Cement Yield (cuft) : 0
Gallons Per Sack: 0.00

Fourth Plug Cement Data

Cement Name: BFN III
Cement Density (lb/gal) : 0.0
Cement Yield (cuft) : 0
Gallons Per Sack: 0.00

Displacement Fluid lb/gal: 8.3
Fluid Ahead (bbls): 15.0
H2O Wash Up (bbls): 20.0

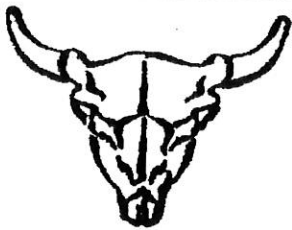
bbls of Mix Water

First Plug bbls Mix Wate	11.9048 bbls
Second Plug bbls Mix Wat	0.0000 bbls
Third Plug bbls Mix Wate	0.0000 bbls
Fourth Plug bbls Mix Wat	0.0000 bbls

X

Authorized To Proceed

Customers hereby acknowledges and specifically agrees to the terms and condition on this work order, including, without limitation, the provisions on this work order.



Bison Oil Well Cementing Single Cement Surface Pipe

Cementing Customer Satisfaction Survey

Service Date	3/4/2014
Well Name	stephen #1
County	Weld
State	Colorado
SEC	15
TWP	4n
RNG	66w

Invoice Number	12359
API #	05-123-11552
Job Type	Plug
Company Name	noble

Customer Representative	dennis
-------------------------	--------

Supervisor Name	Aaron Carrasco
-----------------	----------------

Employee Name (Including Supervisor)
Aaron
jairo
oscar

Exposure Hours (Per Employee)
1.5
1.5
1.5
4.5

Total Exposure Hours

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 Expectation (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 -
- Equipment -
- Job Design -
- Product/Material -
- Health & Safety -
- Environmental -
- Timeliness -
- Condition/Appearance -
- Communication -

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 customers, completed when expected)?
- Did the equipment condition and appearance meet your expectations?
- How well did our personnel communicate during mobilization, rig up and job execution?

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:

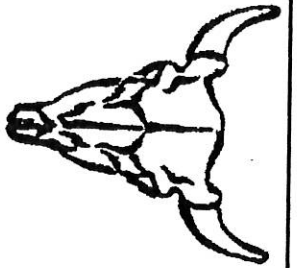
- | | | |
|-----|----|--------------------------------------|
| Yes | No | Was a pre-job safety meeting held? |
| Yes | No | Was a job safety analysis completed? |
| Yes | No | Were emergency services discussed? |
| Yes | No | Did environmental incident occur? |
| Yes | No | Did any near misses occur? |

Additional Comments:

THE INFORMATION HEREIN IS CORRECT -

X

DATE:



Bison Oil Well Cementing
Single Cement Surface Pipe

Customer
Well Name

noble
stephen #1

INVOICE #
LOCATION
FOREMAN
Date

12359
Weld
Aaron
3/4/2014

DESCRIPTION OF JOB EVENTS

Treatment Report Page 2

Safety Meeting	9 01 am	Displace 1			Displace 2			Displace 3			Displace 4		
	8 30 am	BLS	Time	PSI	BLS	Time	PSI	BLS	Time	PSI	BLS	Time	PSI
MIRU		0	9 18 am	20	0			0			0		
CIRCULATE	9 06 am	10	9 23 am	25	10			10			10		
CIRCULATE		20	9 27 am	465	20			20			20		
CIRCULATE		30			30			30			30		
CIRCULATE		40			40			40			40		
CIRCULATE		50			50			50			50		
M & P		60			60			60			60		
First Plug	Time	Sacks			70			70			70		
Second Plug		101			80			80			80		
Third Plug		0			90			90			90		
Fourth Plug		#DIV/0!			100			100			100		
Mixed bbls					110			110			110		
First Plug	12				120			120			120		
Second Plug	0				130			130			130		
Third Plug					140			140			140		
Fourth Plug	0				150			150			150		
Water Temp	38 f												

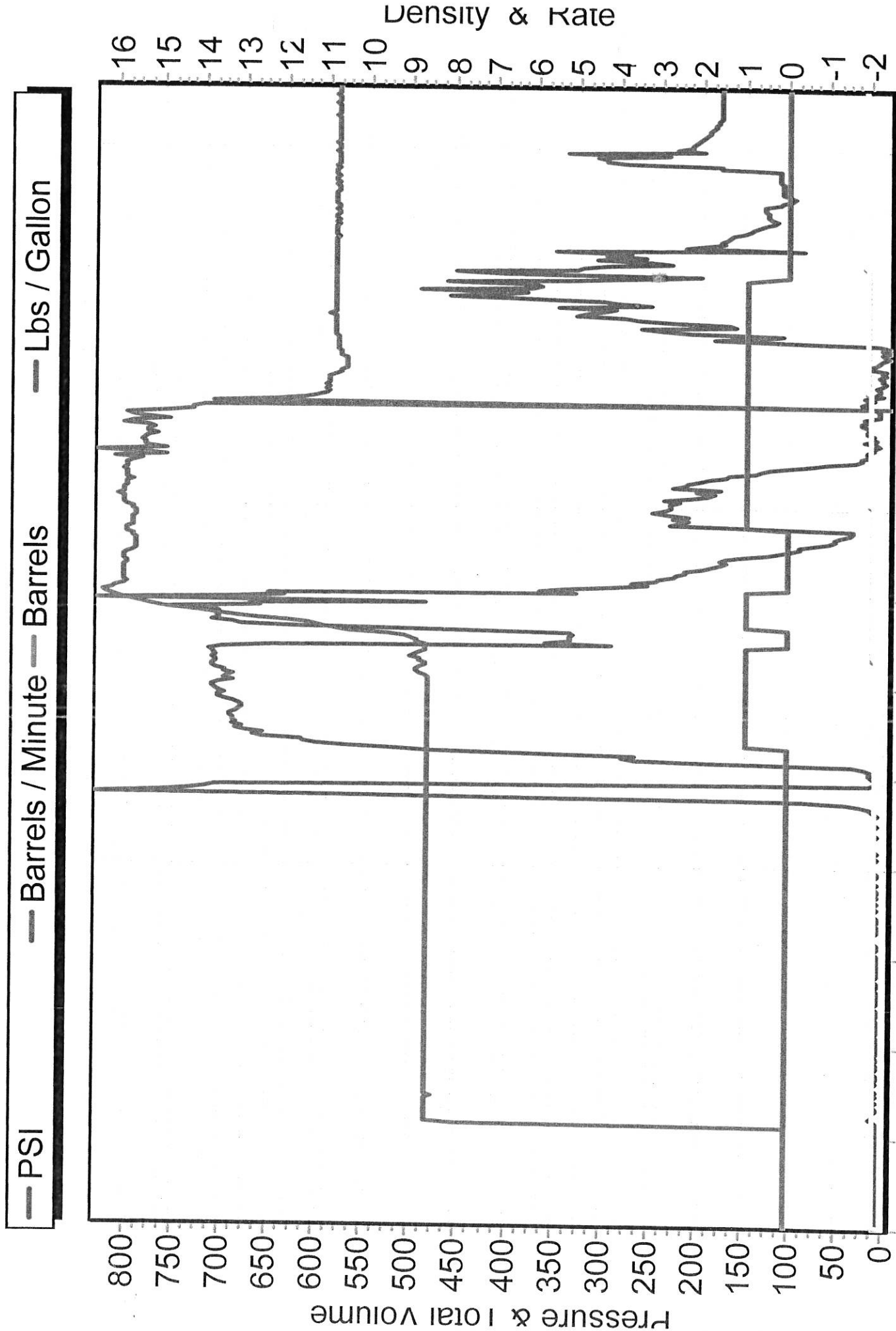
Notes:

X
Work Preformed

X
Title

X
Date

M/D TOTCO 2000 SERIES



3/4/2014 8:47:23 AM

3/4/2014 9:01:39 AM

3/4/2014 9:15:56 AM

3/4/2014 9:30:12 AM

SERVICE INVOICE

№ 12360

WELL NO. AND FARM 1 Stephens		COUNTY Weld	STATE Colo	DATE 3-4-14	
CHARGE TO Noble		WELL LOCATION SEC. 15 TWP. 4N RANGE 66W		CONTRACTOR	
			DELIVERED TO CR 44 CR 31	LOCATION 1 Lasalle	CODE
			SHIPPED VIA 3104-4018-4021-3204	LOCATION 2 CR 44 - CR 31	CODE
			TYPE AND PURPOSE OF JOB Plug and abandon	LOCATION 3 Lasalle	CODE
				WELL TYPE O.I.	CODE

[illegible]

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 1¼% which is equal to an ANNUAL PERCENTAGE RATE OF 18%.

TAX REFERENCES

SUB TOTAL

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,



Bison Oil Well Cementing

Customer: noble
Well Name: stephen #1

Invoice # 12359
API# 05-123-11552
Foreman: Aaron
Date 3/4/2014

County: Weld
State: Colorado
Sec: 15
Twp: 4n
Range: 66w

Consultant: dennis
Rig Name & Number: bholer #1
Distance To Location: 60 miles
Units On Location: 4018 3104-4021-3206
Time Requested: 2:00 PM
Time Arrived On Location: 2:00 PM
Time Left Location:

Plug Job

Well Data

OD Inches	2.375	
String Weight Per ft	4.7	
First Plug Sacks	146	
First Plug Depth	600	
Second Plug Sacks		
Second Plug Depth		
Third Plug Sacks	0	
Third Plug Depth	0	
Fourth Plug Sacks	0	
Fourth Plug Depth	0	
ID	1.995	
First Plug Displacement	2.3197	bbl
Second Plug Displacement	0.0000	bbl
Thirst Plug Displacement	0.0000	bbl
Fourth Plug Displacement	0.0000	bbl
bbls of Spacer Ahead	5	bbls

bbls of Slurry

First Plug bbls of Slurry	47.8448 bbls
Second Plug bbls of Slurry	0.0000 bbls
Third Plug bbls of Slurry	0.0000 bbls
Fourth Plug bbls of Slurry	0.0000 bbls

First Plug Cement Data

Cement Name: BFN III
Cement Density (lb/gal) : 13.5
Cement Yield (cuft) : 1.84
Gallons Per Sack: 10.10

Second Plug Cement Data

Cement Name: BFN III
Cement Density (lb/gal) : 15.5
Cement Yield (cuft) : 1.15
Gallons Per Sack: 5.00

Third Plug Cement Data

Cement Name: BFN III
Cement Density (lb/gal) : 0.0
Cement Yield (cuft) : 0
Gallons Per Sack: 0.00

Fourth Plug Cement Data

Cement Name: BFN III
Cement Density (lb/gal) : 0.0
Cement Yield (cuft) : 0
Gallons Per Sack: 0.00

Displacement Fluid lb/gal: 8.3
Fluid Ahead (bbls): 15.0
H2O Wash Up (bbls): 20.0

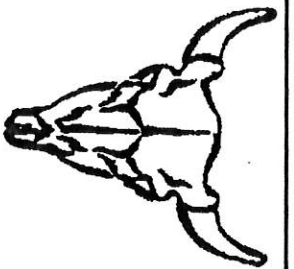
bbls of Mix Water

First Plug bbls Mix Wate	35.1095 bbls
Second Plug bbls Mix Wat	0.0000 bbls
Third Plug bbls Mix Wate	0.0000 bbls
Fourth Plug bbls Mix Wat	0.0000 bbls

X

Authorized To Proceed

Customers hereby acknowledges and specifically agrees to the terms and condition on this work order, including, without limitation, the provisions on this work order.



**Bison Oil Well Cementing
Single Cement Surface Pipe**

Customer
Well Name

noble
stephen #1

INVOICE #
LOCATION
FOREMAN
Date

12359
Weld
Aaron
3/4/2014

Treatment Report Page 2

DESCRIPTION OF JOB EVENTS

Safety Meeting	2 30 pm	Displace 1			Displace 2			Displace 3			Displace 4		
MIRU	2 03 pm	BbLS	Time	PSI	BbLS	Time	PSI	BbLS	Time	PSI	BbLS	Time	PSI
		0			0			0			0		
	2 48 pm	10			10			10			10		
		20			20			20			20		
CIRCULATE													
CIRCULATE		30			30			30			30		
CIRCULATE													
CIRCULATE		40			40			40			40		
		50			50			50			50		
M & P													
	Time	Sacks			60			60			60		
First Plug		146	70		70			70			70		
		0	80		80			80			80		
Second Plug			90		90			90			90		
Third Plug		#DIV/0!											
Fourth Plug		#DIV/0!	100		100			100			100		
Mixed bbls			110		110			110			110		
First Plug	35		120		120			120			120		
Second Plug	0		130		130			130			130		
Third Plug			140		140			140			140		
Fourth Plug	0		150		150			150			150		
Water Temp	58 f												

Notes:

X
Work Performed

X
Title

X
Date



Bison Oil Well Cementing Single Cement Surface Pipe

Cementing Customer Satisfaction Survey

Service Date	3/4/2014
Well Name	stephen #1
County	Weld
State	Colorado
SEC	15
TWP	4n
RNG	66w

Invoice Number	12360
API #	05-123-11552
Job Type	Plug
Company Name	noble

Customer Representative

Supervisor Name

Employee Name (Including Supervisor)	
Aaron	
jairo	
oscar	
jon	

Exposure Hours (Per Employee)	
1.5	
1.5	
1.5	
1.5	
6	

Total Exposure Hours

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 Expectation (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 -
- Equipment -
- Job Design -
- Product/Material -
- Health & Safety -
- Environmental -
- Timeliness -
- Condition/Appearance -
- Communication -

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 customers, completed when expected)?
- Did the equipment condition and appearance meet your expectations?
- How well did our personnel communicate during mobilization, rig up and job execution?

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:

THE INFORMATION HEREIN IS CORRECT -

X

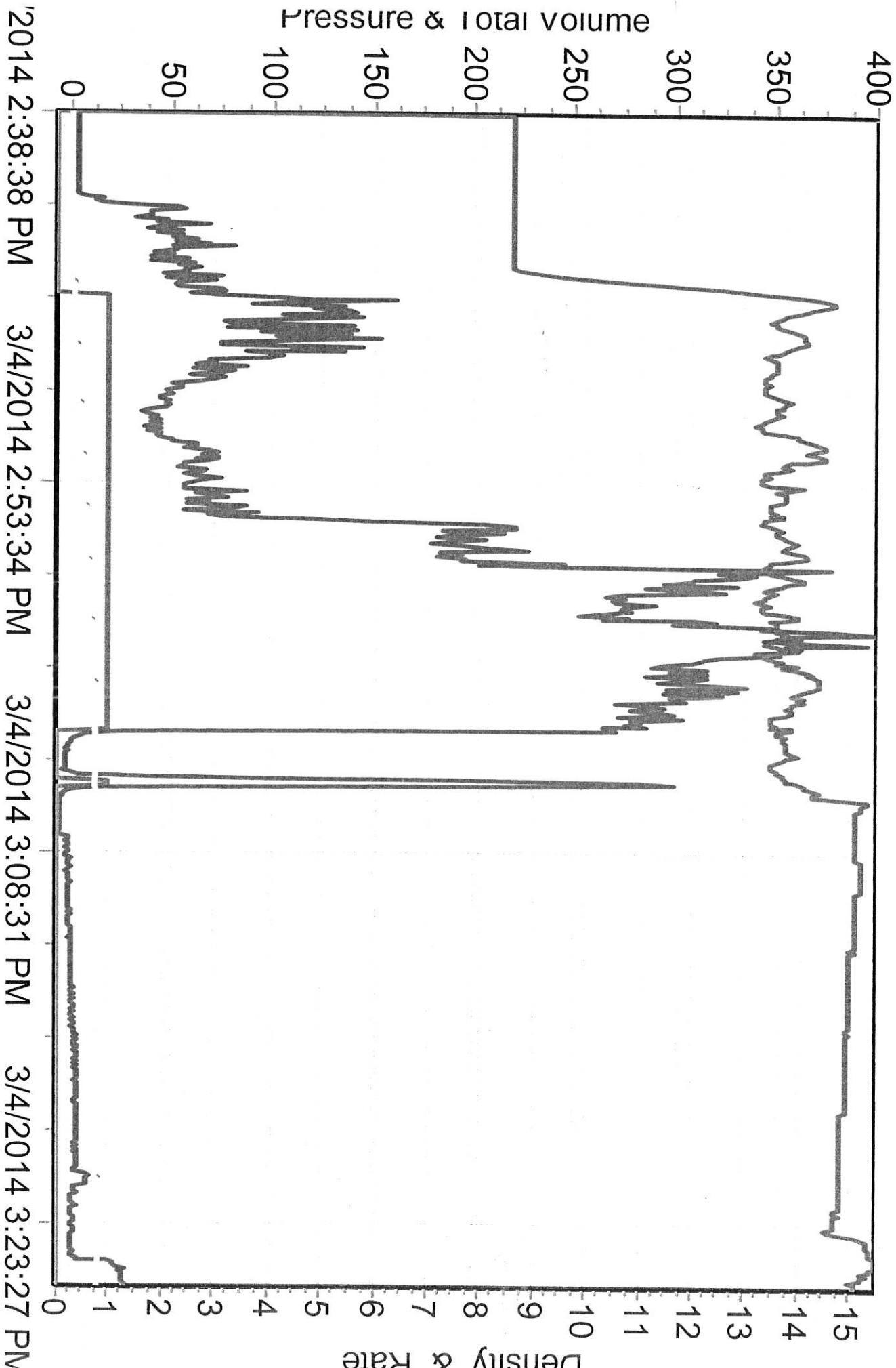
Customer Representative's Signature

DATE:

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

M/D TOTCO 2000 SERIES

— PSI — Barrels / Minute — Barrels — Lbs / Gallon





BISON OILWELL CEMENTING JOB SAFETY ANALYSIS WORKSHEET

ASK:	Plug and Abandon	CEMENTER/SUPERVISOR:	Aaron carrasco	PAGE	1	OF	3
NAME:	Stephen # 1	RIG #bohler # 2	LOCATION:cr 44 - cr 31	DATE: 3-4-14			
ATOR:noble	CONSULTANT:dennis		INVOICE # 12360				
EQUIRED:		ADDITIONAL PPE (based on job specific hazards)		RECOMMENDED ACTION OR PROCEDURE			REVIEWED BY
<input type="checkbox"/> Hard Hat <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Steel Toe Boots <input type="checkbox"/> Impact Gloves		<input type="checkbox"/> FR Coveralls <input type="checkbox"/> Reflective Vest		<input type="checkbox"/> Air Purifying Respirator <input type="checkbox"/> Supplied Air Respirator <input type="checkbox"/> Personal H2S Monitor <input type="checkbox"/> Personal Methane Monitor			AC
JOB STEPS		POTENTIAL HAZARDS		RECOMMENDED ACTION OR PROCEDURE			REVIEWED BY
iew JSA		Misunderstanding		Clarify job and associated hazards and safety concerns			AC
iduct pre job safety meeting		Misunderstanding		-Hold safety meeting with all personnel on location, ensure everyone pays attention to ensure they understand their role and responsibility during the job -Review treatment report with consultant and attain signature for authorization to proceed -Identify and address short service employees (SSE) who are on location -Verify method of relaying hand signals to rig crew for shutting down mud pump			AC
ve trucks in and rig up equipment		Other traffic on location, overhead lines, pinch points, heavy lifting, slips/falls		-Coordinate with well site supervisor for directions on where and when to park the equipment -All Bison crew members walk the location prior to driving in to access specific hazards -Utilize spotters when trucks are in motion -Establish buffer zone around equipment utilizing cones and caution tape -Cementer follows up to ensure connections are secure -Lift with your legs and use teamwork when rigging up -Utilize reflective vests and wands to increase visibility at night -Deploy spill berms and buckets -Verify connections on mudline for compatibility			AC
ie hose to rig floor		Overhead work, improper hook up/load not properly secured, miscommunication between ground personnel and the crane/tugger operator		Inspect chains, slings, hooks prior to lift -Ensure line of sight with crane/tugger operator is maintained throughout the lift and hand signals are clarified before the lift. -Ensure no personnel are under suspended loads -Utilize tag line			
ach swage to tubing/Connect to swage on pipe		Connections/equipment failing under pressure, spills, slips and falls		-Insure swage has proper pressure rating for the job and falls within the parameters of the <i>Bison Oilwell Cementing Iron Inspection Program</i> -Verify the compatibility of the connections on a swage/pin provided by the rig -Minimize number of people on rig floor, utilize Bison personnel to attach cement lines -Be aware of surroundings when swinging a hammer			ACAC
ssure test lines		Equipment failing under high pressures		-Ensure rig floor is clear and personnel are away from hoses prior to test -Establish buffer area around high pressure hoses -Lines are checked from a distance and using pressure gauges			ac
Test to:		PSI- 500		Pressure relief valve set to: PSI- 2000			



BISON OILWELL CEMENTING JOB SAFETY ANALYSIS WORKSHEET

	Maximum pressure allowed for job: PSI- 1500		-Cementer ensures pressure gauges are working properly	Max. pump pressure: PSI- 5000	
np Spacer/Mix and Pump tent		Serious injury from high pressure line failure or catastrophic equipment failure. Burns or skin irritation from splashing cement , uncontrolled spills	-Pressure test prior to job, utilize heavy duty hose hobbles and pressure relief valve -Keep rig floor and buffer area clear while pumping -Utilize proper PPE -Have access to water to rinse affected skin -Deploy spill berms and buckets		AC
placement		Unexpected pressure associated with resuming of pumping, serious injury from high pressure line failure catastrophic equipment failure, spills , overpressure of mudlines	-Ensure rig floor remains clear and non-essential personnel stay clear from buffer area -Pump operator monitors pump pressure constantly -Utilize proper PPE -During displacement ensure one mudline valve is always open -Review method of relaying hand signals to rig crew to engage/disengage mud pumps		AC
UT STEPS 7 AND 8 AS REQUIRED					
sh up / rig down		Splashing cement slurry, heavy lifting, pinch points, unsecured hoses	-Utilize stakes or portable tank manifold to secure hoses -Use proper lifting technique (2 man lift, lift with legs, plan your route)		AC
part location		Other traffic and personnel and location, overhead lines	-All Bison crew member walk the planned exit route to access possible obstacles and hazards -Utilize spotters while backing		AC
eneral Precautions/Stop Work		-if you see a leaking connection, notify the cementer. Do not attempt to hammer up a leaking connection as there may be pressure on the lines. - Any person on location, regardless of their position or experience level has the authority and responsibility to stop the job if they witness an unsafe act or condition.			
R HAZARDS SPECIFIC TO LOCATION OR ONMENT NOT ADDRESSED ABOVE:					
NATED EMERGENCY MUSTER AREA:		ENTRANCE		NEAREST EMERGENCY MEDICAL FACILITY (OTHER THAN 911): grelly	
D COUNT-					



BISON OILWELL CEMENTING JOB SAFETY ANALYSIS WORKSHEET

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