



# BISON

## Invoice

Bison Oil Well Cementing Inc.  
1547 Gaylord Street  
Denver, CO 80206  
303-296-3010

Date	Invoice #
2/21/2014	12514

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

Bradbury 1 API 07362

Location	Well Name & No.	Terms	Job Type		
Weld CO	CASTOR FED LD15-74HN	Net 30	P/A		
Item	Description	Qty	U/M	Rate	Amount
P & A	P & A	1			
MILEAGE	Mileage charge-Truck	160			
Service Charge	Iron Inspection	1			
Service Charge	Supervisor Fee	1			
	Subtotal of Services				
BFN III Winter ...	BFN III Blend	50	Sack		
	Subtotal of Materials				

Please Remit Payment To:

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

Subtotal

Sales Tax

Total

Balance Due

## SERVICE INVOICE

Nº 12514

WELL NO. AND FARM 01-07362 Bradberry		COUNTY Weld	STATE colo	DATE 2-21-14	
CHARGE TO Noble		WELL LOCATION SEC. 5 TWP. 9N RANGE 5Ew		CONTRACTOR	
Caster Federal		DELIVERED TO CR 129 North New Raimo		LOCATION 1 lasalle	CODE
AFEH 139532		SHIPPED VIA 3101 4023		LOCATION 2 CR 129	CODE
		TYPE AND PURPOSE OF JOB Plug and Abandon		LOCATION 3 lasalle	CODE
PRICE				WELL TYPE o.i	CODE

PRICE REFERENCE	DESCRIPTION	UNITS		UNIT PRICE	AMOUNT
		QTY.	MEAS.		
	Pump charge	1	Ea		
	mile age	80	Ea		
	Iron inspection	1	Ea		
	Supervisor charge	1	Ea		
	Cement	50	SKs		

Castor Fed LA 74-141HN

Well Name and No  
139532

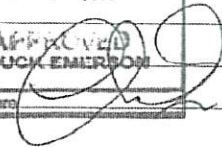
Project / AFE No  
Re Entry

Thick  
32 8028

Acct Code

FFR-7-2014

APPROVED  
CHUCK EMERSON

Signature 

Total Weight	Loaded Miles	Ton Miles
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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

~~"TAXES~~ WILL BE ADDED AT CORPORATE OFFICE"

000

Customer or His Agent

Horton (attest)

Bison Oil Well Cementing, Inc. Representatives

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: nohle

Well Name: bradbury 01 -07363

Invoice # 12514

API# 05-125-6338-00

Foreman: Aaron

Date 2/21/2014

County: Weld

State: Colorado

Sec: 15

Twp: 9n

Range: 58w

Consultant: chuck

Rig Name & Number: NO RIG

Distance To Location: 80MILES

Units On Location: 4023 3101

Time Requested: 10 30 am

Time Arrived On Location: 10 30 am

Time Left Location:

### Plug Job

#### Well Data

OD Inches	2.875	
String Weight Per ft	6.5	
First Plug Sacks	0	
First Plug Depth	0	
Second Plug Sacks	0	
Second Plug Depth	0	
Third Plug Sacks	0	
Third Plug Depth	0	
Fourth Plug Sacks	0	
Fourth Plug Depth	0	
ID	2.441	
First Plug Displacement	0.0000	bbl
Second Plug Displacement	0.0000	bbl
Third 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	0.0000 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) :	15.8
Cement Yield (cuft) :	1.15
Gallons Per Sack:	5.00

#### Second Plug Cement Data

Cement Name:	BFN III
Cement Density (lb/gal) :	13.1
Cement Yield (cuft) :	1.84
Gallons Per Sack:	10.10

#### 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

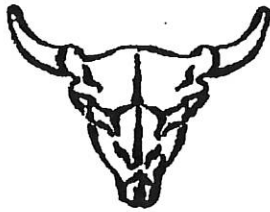
First Plug bbls Mix Water	0.0000 bbls
Second Plug bbls Mix Water	0.0000 bbls
Third Plug bbls Mix Water	0.0000 bbls
Fourth Plug bbls Mix Water	0.0000 bbls

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 2/21/2014  
Well Name bradbery 01 -07362  
County Weld  
State Colorado  
SEC 15  
TWP 9n  
RNG 58w

Invoice Number 12513  
API # 05-125-6338-00  
Job Type Plug  
Company Name noble

Customer Representative chuck

Supervisor Name Aaron Carrasco

### Employee Name (Including Supervisor)

Aaron  
Jairo

### Exposure Hours (Per Employee)

1  
1  
0  
  
2

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