



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	

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 12514

WELL NO. AND FARM 01-07362 bradbery		COUNTY Weld	STATE colo	DATE 2-21-14
CHARGE TO Noble		WELL LOCATION SEC. 5 TWP. 9N RANGE 58W		CONTRACTOR
Caster Federal		DELIVERED TO CR129 North New Raimo		LOCATION 1 lasalle
AFFH 139532		SHIPPED VIA 3101 4023		LOCATION 2 CR129
		TYPE AND PURPOSE OF JOB Plug and Abandon		LOCATION 3 lasalle
				WELL TYPE oil

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

Caster Federal 74-14-14N	
Well Name and No.	139532
Project / AFF No.	Re-entry
Truck	32 8028
Tract Code	
FFR-7-7114	
Approved	CHUCK EMERSON
Signature	<i>[Signature]</i>

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"

[Signature]

[Signature]
 Bison Oil Well Cementing, Inc. Representative

Customer or His Agent

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

Invoice # 12514

API# 05-125-6338-00

Foreman: Aaron

Date 2/21/2014

Customer: noble

Well Name: bradbury 01 -07367

County: Weld

Consultant: chuck

State: Colorado

Rig Name & Number: NO RIG

Distance To Location: 80MILES

Sec: 15

Units On Location: 4023 3101

Twp: 9n

Time Requested: 10 30 am

Range: 58w

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

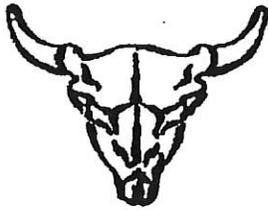
bbls of Mix Water

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	CUSTOMER SATISFACTION RATING
_____	Personnel -	Did our personnel perform to your satisfaction?
_____	Equipment -	Did our equipment perform to your satisfaction?
_____	Job Design -	Did we perform the job to the agreed upon design?
_____	Product/Material -	Did our products and materials perform as you expected?
_____	Health & Safety -	Did we perform in a safe and careful manner (Pre/post mtgs, PPE, TSMR, etc..)?
_____	Environmental -	Did we perform in an environmentally sound manner (spills, leaks, cleanup, etc..)?
_____	Timeliness -	Was job performed as scheduled (On time to site, accessible to customers, completed when expected)?
_____	Condition/Appearance -	Did the equipment condition and appearance meet your expectations?
_____	Communication -	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	Was a pre-job safety meeting held?
Yes	No	Did an injury requiring medical treatment occur?	Yes	No	Was a job safety analysis completed?
Yes	No	Did a first-aid injury occur?	Yes	No	Were emergency services discussed?
Yes	No	Did a vehicle accident occur?	Yes	No	Did environmental incident occur?
Yes	No	Was a post-job safety meeting held?	Yes	No	Did any near misses occur?

Additional Comments:

THE INFORMATION HEREIN IS CORRECT -

X _____ DATE: _____
 Customer Representative's Signature

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