



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

Date	4/28/2012
Invoice #	11521

Invoice

Location	Well Name & No.	Terms	Job Type		
Weld, CO.	Guttersen D28-28D	Net 30	Surface Pump		
Item	Description	Qty	U/M	Rate	Amount
Pump surface	PUMP Charge-surface pipe	1		1,400.00	1,400.00
MILEAGE	Mileage charge	360		1.50	540.00
Discount 15%				-15.00%	-210.00
Discount 15%					
Data Acquisition ...	Data Acquisition Charge	1		225.00	225.00
Discount 15%				-15.00%	-81.00
Discount 15%					
BFN III Winter ...	Subtotal of Services			18.25	5,712.25T
Discount 15%				-15.00%	-856.84
Discount 15%					
KCL Mud Flush	(BHS 117)	5	qt	7.50	37.50T
Discount 15%				-15.00%	-5.63
Discount 15%					
Dye - 4880	Dye (Hot Pink 4880)	16	oz	15.00	240.00T
Discount 15%				-15.00%	-36.00
Discount 15%	Subtotal of Materials				5,091.28

Please Remit Payment To:

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

Subtotal	\$6,931.53
Sales Tax (2.9%)	\$147.65
Total	\$7,079.18
Balance Due	\$7,079.18

BISON OIL WELL CEMENTING, INC.



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

SERVICE INVOICE

№ 11521

WELL NO. AND FARM		Cutter-son 028-850	
COUNTRY	Weld	STATE	CO
WELL LOCATION	TWP. 3N RANGE 64W		
SEC. 28	S4XW144		
DELIVERED TO	LOCATION 1 34453		
SHIPPED VIA	LOCATION 2 Shop		
TYPE AND PURPOSE OF JOB	LOCATION 3 34453		
Surface Pipe		WELL TYPE Gas	

PRICE REFERENCE	DESCRIPTION	QTY.	UNITS	MEAS.	UNIT PRICE	AMOUNT
	Pump charge	1	ea		1400.00	1400.00
	BFW #3 % BGA-1.25 lb/sk BFLY-1	313	SKS		18.25	5712.25
	BFLY-1	5	CHS		7.50	37.50
	Dye	16	QT		15.00	240.00
	Mileage BFW/mi 60 mi/min Roundtrip	3	ea		1800.00	5400.00
	Data Fee	1	ea		225.00	225.00

RIG NO	SHAW 144
WELL NO	Cutter-son 028-850
PROJECT NO	136185
TASK (DRL, GRIND, PUMP)	DRILL
ACTG. CODE	6.1.17
DOLLAR TOTAL	8159.75
1ST LEVEL APPROVAL	DATE 4/28/12
2ND LEVEL APPROVAL	
MAIL TO: NOBLE ENERGY INC.	
Total 1625 BROWL loaded	
Weight SUITE 22 Miles	
DENVER TO BROWL	
NO INVOICE WILL BE PAID INVOICE	
TAX REFERENCES	
ATTACHED SIGNED FIELD TICKETS	

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 1/2 % which is equal to an ANNUAL PERCENTAGE RATE OF 18%.

"TAXES WILL BE ADDED AT CORPORATE OFFICE"

SUB TOTAL 2.9% TAX

TOTAL

1223.22	815.97	147.65	7029.18
ST			

SUBJECT TO CORRECTION

Bison Oil Well Cementing, Inc. Representative

Customer or His Agent

Customers hereby acknowledge and specifically agree 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

Back 7

left w/ 337 sks count by gal kel

Time	Location	Notes
11:42	at	160 psi
11:45	at	190 psi
11:47	at	300 psi
11:50	at	270 psi
11:55	at	500 psi
11:55pm	at	550 psi

used 20 % excess
used 3/3 slts correct
70.7 bolts strong

Stop cement 1136
0
0 Drilling 1140
Also 1140

DESCRIPTION OF JOB EVENTS	DATE	LOCATION
Meeting	10/3/8	ARC 11/105
Cement	11/1/6	

Received w/ 650 slts west 4 go 1 ket Noe dyg 11505 70.7 66.5 fmg

Remains very deep 7/1.5 miles into dump pit 150 PSI over 1000 psi for 24 hrs. 1120 kg of

max. exposure 341 sks/element of 30% excess at 1.27 yield of 30% excess at 15.2 lbs or unit 1 Co-man stops

INSTRUCTIONS PRIOR TO JOB

[illegible]

CHARGE TO	Noble	OWNER	
MAILING ADDRESS		OPERATOR	Noble
CITY		CONTRACTOR	Saxon 144
STATE ZIP CODE		DISTANCE TO LOCATION	
TIME ARRIVED ON LOCATION	8:00pm	TIME LEFT LOCATION	12:30am

WELL DATA

PRESSURE LIMITATIONS

DATE	WELL NAME	SECTION	TWP	RGE	COUNTY	FORMATION
4/28/12	Cutterson 028-28P	028	32	644	field	

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Denver, Colorado 80202
Phone: 303-296-3010
Fax: 303-298-8143
E-mail: bisonoil1@qwestoffice.net



BISON OIL WELL CEMENTING, INC.

REF. INVOICE # 11512

LOCATION 3975

FOREMAN Ticket Contd

pat, Kida

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	11512
Well Permit Number	695
Well Type	88-28D
Lease	Surface Pipe
Job Type	Mobile
Company Name	Shane
Customer Representative	
Customer Phone Number	
Employee Name	Pat
Supervisor Name	Jacker Lomack
State	CO
SEC/TWP/RNG	28 3N 64W
County	Weld
Well Location	34453
Well Name	64453-0
Invoice Amount	4188112
Service Date	4/18/12
Total Exposure Hours	
Did we encounter any problems on this job? Yes/No	No

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

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 migs, 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 customer, completed when expected) ?
- Condition / Appearance - Did the equipment condition and appearance meet your expectation ?
- Communication - How well did our personnel communicate during mobilization, rig up, and job execution ?
- Improvement - What can we do to improve our service ?

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?

Additional Comments:

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

4/28/12



B.O.C. Tailgate Safety Meeting Report

INVOICE

11512

Meeting Facilitator

Tucker Lehnardt
Work to be Undertaken
Surface Pipe

Nearest Emergency Medical Service Number (Other than 911)

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)

☒ Positions of People ☒ Job Safety Analysis Reviewed (if applicable)
☒ Falling from Heights ☒ NORM or Other Radiation
☒ Slips/Trips/Falls ☒ Overhead work/suspended Loads/Chains/Slings
☒ Extreme Heat/Cold ☒ Trapped Pressure
☒ Electrical Current ☒ Flammable/Combustible/Explosives
☒ Overexertion/Heavy Lifting ☒ Pinch Points/Moving/Rotating Equipment
☒ Flying Particles ☒ Waste Handling/Disposal
☒ Spills/Leaks ☒ Excavation Collapse
☒ Overhead Power Lines

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

Eyes/Face
☐ Tinted Lenses
☐ Goggles
☐ Faceshield
☐ Hearing Protection
Hands
☐ Chemical Resistant Gloves
☐ Heat Resistant Gloves
☐ Cotton or Leather Gloves
☐ Dielectric Gloves
Feet
☐ Rubber Boots
☐ Over Boots
☐ Dielectric Boots
Other
☐ Air Purifying Respirator
☐ Supplied Air Respirator
☐ Personal H2S Monitor (if in sour area)
☐ Chemical Resistant Clothing
☐ Personal Fall Arrest Systems

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: