

SENT VIA EMAIL (robert.chesson@state.co.us)

August 6, 2009

Mr. Robert Chesson
Colorado Oil & Gas Conservation Commission, Department of Natural Resources
1120 Lincoln Street, Suite 801
Denver, Colorado 80203

RE: May 2009 Quarterly Monitoring Report
Berger Tank Battery (API Number 05-123-08554)
County Road 11 and County Road 20
Frederick, Weld County, Colorado
Project Number 1007004

Dear Mr. Chesson:

Enclosed is the May 2009 Quarterly Monitoring Report for the above-referenced site. Please read the attached report for a summary of the sampling activities performed at the site. If you have any questions or require additional information, please contact us.

Sincerely,
PARAGON CONSULTING GROUP, INC.



Amy Weber, P.E.
Project Engineer

ADW/DMR:adwl



David M. Rau, P.E., BCEE
Principal Engineer

enc: May 2009 Quarterly Monitoring Report

cc: Mr. Andy Peterson/Peterson Energy Management (via email)
Mr. Neil Rehkop/SBC Global (via email)
Machii-Ross Petroleum Company

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Machii-Ross Petroleum Company
2901 28th Street, Suite 205
Santa Monica, California 90405

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Machii-Ross Petroleum Company:

The purpose of this report is to summarize the results of the May 2009 quarterly sampling event performed at the subject site by Paragon Consulting Group, Inc. (Paragon). A copy of this report was submitted to the Colorado Oil & Gas Conservation Commission (COGCC). The approximate location of the site is shown on Figures 1 and 2 which are attached to this letter. The approximate locations of the groundwater monitoring wells located at the site are shown on Figures 3 and 4 which are also attached to this report.

1. BACKGROUND

Previous site assessment activities are discussed below. The soil and groundwater analytical results in this chapter are compared to the former COGCC Allowable Concentrations in effect prior to April 1, 2009. Series 900 of the COGCC Rules and Regulations were revised and issued on April 1, 2009. Table 910-1 in Series 900 describes Concentration Levels for contaminants in soil and groundwater which are different than the Allowable Concentrations. For work performed after April 1, 2009, contaminant levels are compared to the COGCC Concentration Levels.

1.1 ENVIRON Site Assessment

Seven (7) direct-push probes, SB-1 through SB-7, were completed at the site on January 9, 2007 by ENVIRON of Denver, Colorado. Two (2) soil samples were analyzed from SB-1 and one (1) soil sample was analyzed from SB-2 through SB-7. The laboratory report and site diagram were included in ENVIRON's draft memorandum dated January 15, 2007. The soil samples were analyzed for benzene-toluene-ethylbenzene-xylenes (BTEX), methyl-tertiary-butyl-ether (MTBE), total petroleum hydrocarbons (TPH), gasoline range organics (TPH-GRO), diesel fuel, fuel oil, jet fuel, kerosene, mineral spirits and motor. TPH was observed to range from not observed above the laboratory detection limit to 30,200 mg/Kg in soil samples submitted for analyses by ENVIRON. TPH-GRO ranged from not observed

above the laboratory detection limit to 15,000 mg/Kg in soil samples submitted for analyses by ENVIRON. The TPH and TPH-GRO concentrations observed in the soil sample analyzed from SB-1 (at 13 feet) exceeded the Allowable Concentration for total recoverable petroleum hydrocarbons (TRPH). The soil in this area was removed during the initial abatement activities. Groundwater samples were collected by ENVIRON from probes SB-3 through SB-6 for BTEX analyses. BTEX concentrations observed in the groundwater samples collected from SB-3 and SB-5 exceeded the Allowable Concentrations. It should be noted that probe water samples are generally considered qualitative since they were not collected from completed and developed groundwater monitoring wells.

Laboratory results for split groundwater samples BTB-SB-3 and BTB-4 collected during ENVIRON site assessment activities on January 9, 2007 are summarized in Table 2 attached to this letter. BTB-SB-3 and BTB-4 were collected from ENVIRON's probes SB-3 and SB-4, respectively, on January 9, 2007. BTEX concentrations were observed at relatively low concentrations in groundwater sample BTB-4 collected from SB-4 on January 9, 2007. Relatively high BTEX concentrations were observed in the groundwater sample collected by Paragon from probe SB-3 on January 9, 2007. BTEX concentrations observed in BTB-4 collected by Paragon from SB-4 in January 2007 were not observed above the Allowable Concentrations. The BTEX concentrations observed in the groundwater sample collected by Paragon from probe SB-3 exceeded the Allowable Concentrations. It should be noted that probe water samples are generally considered qualitative since they were not collected from completed and developed groundwater monitoring wells.

1.2 Abatement Activities

During a routine site inspection on January 7, 2007, Machii-Ross Petroleum Company personnel observed crude oil (product) in the bermed area for the south aboveground storage tank (AST). The leak from the AST was repaired on January 7, 2007. It was estimated by Machii-Ross Petroleum Company personnel that approximately 70 barrels (bbls) of oil were released. Key Energy was mobilized to the site to recover the product on January 8, 2007 using a vacuum truck. Excavation activities were also initiated on January 8, 2007. Soil abatement activities consisting of the excavation and off-site disposal of contaminated soil was performed at the site by Flint Energy Services, Inc. (Flint) between January 8, 2007 and January 16, 2007. The approximate limits of the excavation are shown on Figure 3 attached to this letter.

A subsurface drain located to the west of the tank battery was impacted and subsequently excavated. The drain was replaced and the former drain was connected to riser to be used as groundwater recovery points if necessary. In the excavation trench performed during removal of the subsurface drain, four (4) separate slotted horizontal drain lines were installed with risers extending approximately three (3) feet above ground surface. These remedial

drains were constructed with two (2) and three (3) inch diameter PVC pipe. The trenches were excavated below observed hydrocarbon impact into what appeared to be a relatively impermeable, hard and dry siltstone. During the trench excavation, oil/groundwater was removed by a vacuum truck directly from the excavation and from the risers once installed.

On January 11, 2007 following interviews with the property owners, it was discovered that the subsurface drain was connected to an unnamed creek located to the west of the site. Product was then observed on the creek and the release was reported to the National Response Center, the COGCC and the Colorado Department of Public Health and Environment on January 11, 2007.

Paragon and Peterson Energy Management personnel installed booms at the outlet of the subsurface drain to the creek and at several other locations downstream. The booms were maintained and periodically replaced by Peterson Energy Management. Periodically, vacuum trucks were used to remove product from the creek and from vegetation near the creek. On January 12, 2007, the subsurface drain was flushed with approximately 500 gallons of BioSolve and the mixture was recovered from the downstream end of the pipe.

Approximately 100 cubic yards of contaminated soil were excavated from the subsurface drain area. The soil was transported by Flint to the Denver Regional Landfill in Erie, Colorado. Groundwater encountered in the bottom of the excavation during the abatement activities was removed using a vacuum truck. Approximately 10 bbls of oil were recovered during abatement activities. The excavation was backfilled with imported soil.

Seven (7) soil samples, T-1 through T-7, and 12 surface water samples were collected during the abatement process. The TRPH concentration observed in soil sample T-1 exceeded the Allowable Concentration. The excavation area could not be increased to the east of sample location T-1 due to the location of the ASTs. The TRPH concentrations observed in the remaining soil samples collected from the excavation were not observed above the Allowable Concentration. Six (6) Creek Samples were collected from an area of the creek located to the north of County Road 20. Three (3) Tile Drain samples were collected approximately 60 feet upgradient of where the subsurface drain flowed into the creek. Three (3) Drain Outlet samples were collected from the subsurface drain outfall into the creek. BTEX concentrations observed in the surface water samples collected near the site in January and February 2007 were not observed above the Surface Water Standards.

1.3 Paragon Site Assessment Activities

Based on the soil and water contamination observed during excavation activities, additional site assessment was performed at the site in February 2007. Four (4) monitoring wells, PMW-1 through PMW-4, and three (3) direct-push probes, PB-1 through PB-3, were installed at the site on February 12 and 14, 2007 to obtain information regarding potential

petroleum hydrocarbon contamination. The approximate locations of the monitoring wells and direct-push probes are shown on Figure 3 attached to this letter. The TRPH concentration observed in the soil sample analyzed from PB-2 exceeded the Allowable Concentration. The TRPH concentrations in soil samples analyzed from PMW-1, PMW-2, PMW-3, PMW-4, PB-1 and PB-3 were not observed above the Allowable Concentration of 1,000 mg/Kg.

A groundwater sample was collected from monitoring well PMW-1 on March 1, 2007 for laboratory analysis. That sample was inadvertently labeled as PMW-4 and was discussed in the March 8, 2007 Soil Abatement and Assessment Report. BTEX concentrations observed in the groundwater sample collected from PMW-1 on March 1, 2007 were not observed above the Allowable Concentrations. Monitoring wells PMW-2, PMW-3 and PMW-4 were purged and developed on March 1, 2007 but groundwater was not observed to recover in those wells. PMW-2, PMW-3 and PMW-4 were sampled in April 2007 as discussed in this report.

Vacuum-enhanced recovery (VER) events using a vacuum truck were performed at the recovery trenches on March 23, 2007, May 29, 2007, May 31, 2007 and June 4, 2007. Approximately 7,700 gallons of groundwater were removed from the recovery trenches in March, May and June 2007. The groundwater extracted in March, May and June 2007 was taken to Arvada Treatment Center for disposal.

Groundwater samples collected from recovery trench locations T-1 through T-5 on June 25, 2007 were submitted for BTEX analysis. Groundwater sample results for T-1 through T-5 are summarized in Table 2 attached to this report. Relatively high benzene concentrations were observed in the groundwater samples collected from T-1 through T-5 on June 25, 2007. A relatively high concentration of toluene was also observed in T-1 on June 25, 2007. Remaining toluene, ethylbenzene and xylenes concentrations observed in the groundwater samples collected from T-1 through T-5 on June 25, 2007 were observed to be relatively low. The benzene concentrations observed in the groundwater samples collected from T-1 through T-5 on June 25, 2007 and the toluene concentration observed in the groundwater sample collected from T-1 exceeded the Allowable Concentrations. Remaining toluene, ethylbenzene and xylenes concentrations observed in the groundwater samples collected from T-1 through T-5 on June 25, 2007 were not observed above the Allowable Concentrations. Additional groundwater sample results performed since 2007 are summarized in Table 2 attached to this letter.

2. GEOHYDROLOGY

Groundwater elevations in wells PMW-1, PMW-2, PMW-3 and PMW-4 were measured by Paragon on May 12, 2009. Groundwater elevation data for the site is summarized in Table 1

which is attached to this report. Groundwater was observed in wells PMW-1, PMW-2, PMW-3 and PMW-4 to range from approximately 4.0 to 9.8 feet below the top of casings on May 12, 2009. Free-phase product was not observed in monitoring wells PMW-1 through PMW-4 on May 12, 2009.

A piezometric surface diagram for groundwater elevations observed during the May 2009 sampling event is attached to this report as Figure 3. The piezometric surface was estimated using the Surfer[®] software distributed by Golden Software based on groundwater table measurements in wells PMW-1, PMW-2, PMW-3 and PMW-4. As seen from Figure 3, the general groundwater flow direction appeared to be towards the northwest. The hydraulic gradient observed at the site on May 12, 2009 was estimated to range from approximately 0.02 to 0.04. The groundwater flow direction and hydraulic gradient estimated for May 2009 are similar to previous observations at the site. It should be noted that local geohydrologic characteristics may change due to variations in precipitation, recharge, stratigraphy or conditions not apparent at the time of sampling.

3. GROUNDWATER QUALITY RESULTS

Information collected during the May 2009 sampling event relative to groundwater quality at the site is summarized below. That information includes temperature, electrical conductance and pH measurements, dissolved oxygen (DO) measurements, and laboratory results.

3.1 Field Data

Groundwater temperature, electrical conductance and pH measurements were performed on May 12, 2009 during purging of wells PMW-1 through PMW-4 prior to collecting groundwater samples for laboratory analysis. Purging of monitoring wells prior to sampling was accomplished using clean disposable bailers. Measurements were recorded during the removal of water from the wells. The wells were considered purged when temperature, electrical conductance, and pH measurements stabilized to within ten (10) percent for three (3) consecutive measurements and a minimum of three (3) well volumes were removed from the well or after the well was purged essentially dry. The wells were allowed to recharge prior to sampling.

DO measurements were performed in wells PMW-1 through PMW-4 on May 12, 2009. DO monitoring results are summarized in Table 2 attached to this report. As seen from Table 2, DO concentrations were observed to range from approximately 0.8 to 1.1 milligrams per liter (mg/L) during the May 2009 sampling episode. In general, an obvious correlation was not observed between BTEX concentrations observed in groundwater samples and DO measurements in May 2009.

3.2 Groundwater Analytical Results

Groundwater samples collected from monitoring wells PMW-1 through PMW-4 and recovery wells T-2 through T-5 on May 12, 2009. The riser pipe at location T-1 was damaged and a sample could not be collected on May 12, 2009. Groundwater samples were transported under standard chain-of-custody procedures to Technology Laboratory, Inc. (TLI) in Fort Collins, Colorado for BTEX analysis by EPA Method 8260B. Groundwater sample results are summarized in Table 2 attached to this letter. The approximate locations of PMW-1 through PMW-4 and T-1 through T-5 are shown on Figure 4 attached to this letter. Recovery trench wells T-1 through T-5 are scheduled to be sampled every other event. The TLI laboratory report is also attached to this letter. BTEX concentrations were not observed above the laboratory detection limit of 1.0 micrograms per liter ($\mu\text{g/L}$) in the groundwater samples collected from PMW-1 through PMW-4, T-3 and T-4 on May 12, 2009. Moderate concentrations of benzene were observed in the groundwater samples collected from T-2 and T-5 on May 12, 2009. Relatively low concentrations of toluene, ethylbenzene and xylenes were observed in the groundwater samples collected from T-2 and T-5 on May 12, 2009. In general, the BTEX concentrations observed in the groundwater samples collected from T-2 through T-5 in May 2009 decreased compared to previous sample results.

As seen from Table 2, the benzene concentrations observed in groundwater samples collected from T-2 and T-5 on May 12, 2009 exceeded the COGCC Concentration Levels. The BTEX concentrations observed in the groundwater samples collected from PMW-1 through PMW-4, T-3 and T-4 on May 12, 2009 were not observed above the Concentration Levels. The toluene, ethylbenzene and xylenes concentrations observed in the groundwater samples collected from T-2 and T-5 on May 12, 2009 were not observed above the Concentration Levels.

4. VACUUM-ENHANCED RECOVERY EVENTS

Vacuum-enhanced recovery (VER) events using a Key Energy vacuum truck are typically performed at the recovery trenches, T-1 through T-5, on an approximate weekly basis. Even though T-1 riser pipe is damaged, Key energy is still able to recover from this riser pipe location. Approximately 40 to 70 barrels of groundwater are reportedly recovered during each event. As seen from Table 3, approximately 196,224 gallons of groundwater have been recovered from recovery wells T-1 through T-5 between March 2007 and March 2009. The recovered groundwater was transported to a COGCC-approved disposal well operated by Conquest Disposal Service. Key Energy work tickets are attached to this report.

5. CONCLUSIONS AND RECOMMENDATIONS

The following conclusions are made based on information obtained during the quarterly sampling event.

1. Groundwater was observed in wells PMW-1, PMW-2, PMW-3 and PMW-4 to range from approximately 4.0 to 9.8 feet below the top of casings on May 12, 2009. Free-phase product was not observed in monitoring wells PMW-1 through PMW-4 on May 12, 2009.
2. The general groundwater flow direction on May 12, 2009 appeared to be towards the northwest. The hydraulic gradient observed at the site on May 12, 2009 was estimated to range from approximately 0.02 to 0.04. The groundwater flow direction and hydraulic gradient estimated for May 12, 2009 are similar to previous observations at the site.
3. The benzene concentrations observed in groundwater samples collected from T-2 and T-5 on May 12, 2009 exceeded the COGCC Concentration Levels. The BTEX concentrations observed in the groundwater samples collected from PMW-1 through PMW-4, T-3 and T-4 on May 12, 2009 were not observed above the Concentration Levels. The toluene, ethylbenzene and xylenes concentrations observed in the groundwater samples collected from T-2 and T-5 on May 12, 2009 were not observed above the Concentration Levels. Relatively significant improvement in groundwater quality was observed in the samples collected in May 2009. The petroleum hydrocarbon plume observed in the groundwater appears to be stable and diminishing.
4. The extent of groundwater impacts at the site appears to be limited and bracketed.
5. Approximately 196,224 gallons of groundwater have been recovered from recovery wells T-1 through T-5 between March 2007 and March 2009. The recovered groundwater was transported to a COGCC-approved disposal well operated by Conquest Disposal Service.

The following recommendations are made based on information obtained during the quarterly sampling event.

1. The groundwater monitoring wells should be sampled on a quarterly basis.
2. Vacuum extraction activities should be continued at the recovery trench locations.

6. GENERAL COMMENTS


The analyses and opinions expressed in this report are based on data obtained from the indicated locations along with other information described in the report. The report does not reflect any variations in subsurface geohydrology or contaminant distribution which may occur between sample locations and or across the site. Actual subsurface conditions may

vary and may not become evident without further exploration. Due to the dynamic nature of groundwater flow and contaminant migration, subsurface conditions will vary with time.


This report was prepared for the exclusive use of Machii-Ross Petroleum Company for specific application to the subject property and has been prepared in accordance with generally accepted geo-environmental engineering practices. No warranties, either express or implied, are intended or made. In the event that changes in the nature or location of suspected sources of contamination as outlined in this report are observed, the conclusions and recommendations contained in this report shall not be valid unless these changes are reviewed and the opinions of this report are modified and verified in writing by Paragon.

If you have questions or require additional information regarding this site, please do not hesitate to contact us.

Sincerely,
PARAGON CONSULTING GROUP, INC.



Amy D. Weber, P.E.
Colorado No. 37665



David M. Rau, P.E., BCEE
Principal Engineer

ADW/DMR:adwl

enc: Figure 1 - General Location Diagram
Figure 2 - Vicinity Map
Figure 3 - Piezometric Surface Diagram
Figure 4 - Groundwater Sample Results Diagram
Table 1 - Summary of Groundwater Elevation Data
Table 2 - Summary of Water Quality Results
Table 3 - Groundwater Recovery
Laboratory Report
Key Energy Work Tickets

cc: Mr. Neil Rehkop/SBC Global (via email)
Mr. Robert Chesson/COGCC (via email)
Mr. Andy Peterson/Peterson Energy Management (via email)

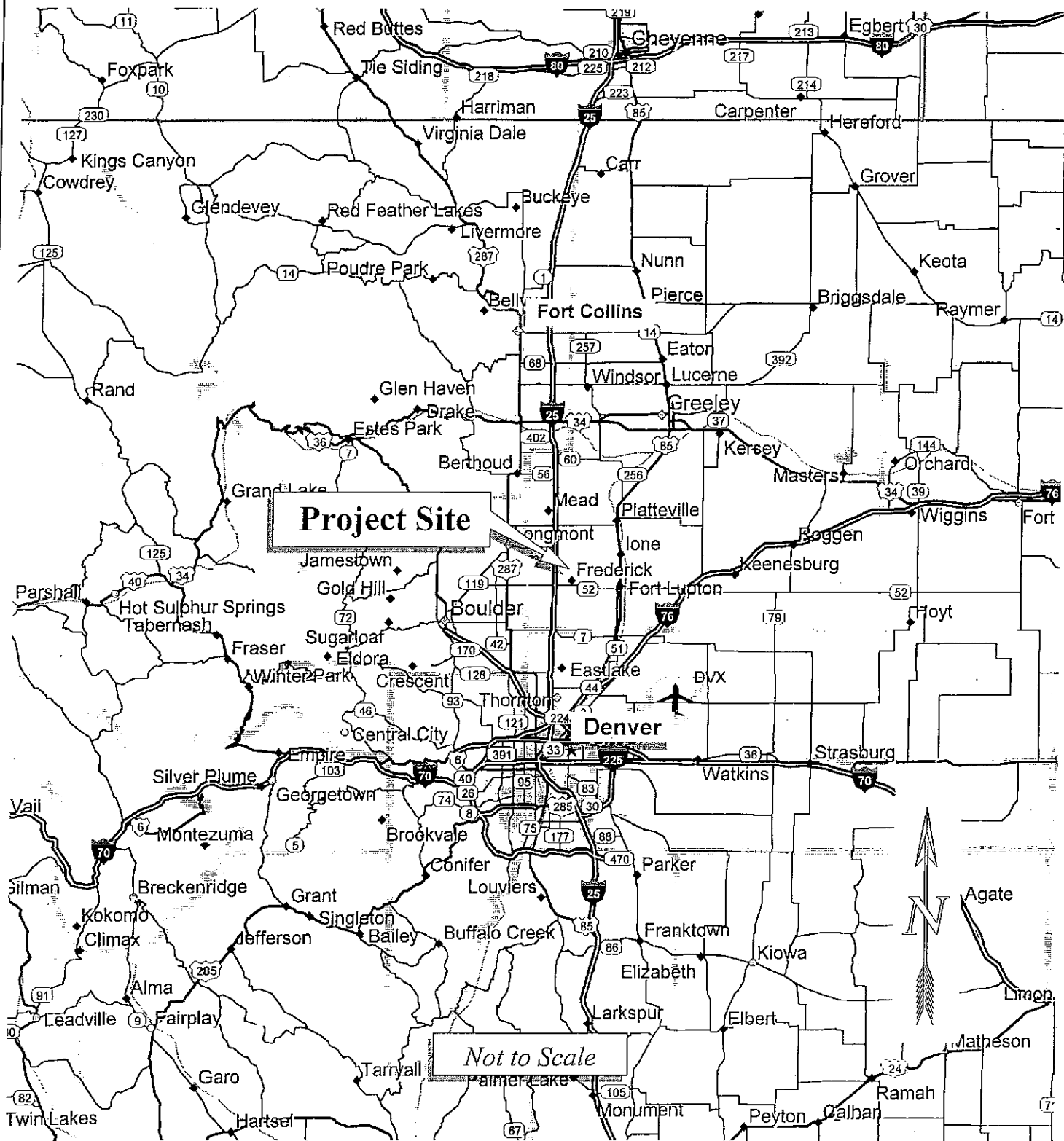


Figure 1 General Location Map
Machii-Ross Petroleum
Weld County Road 11, Weld County, Colorado
Project No. 1007001-1007004 March 2007 Drawn by PJH(04fig1)

PARAGON

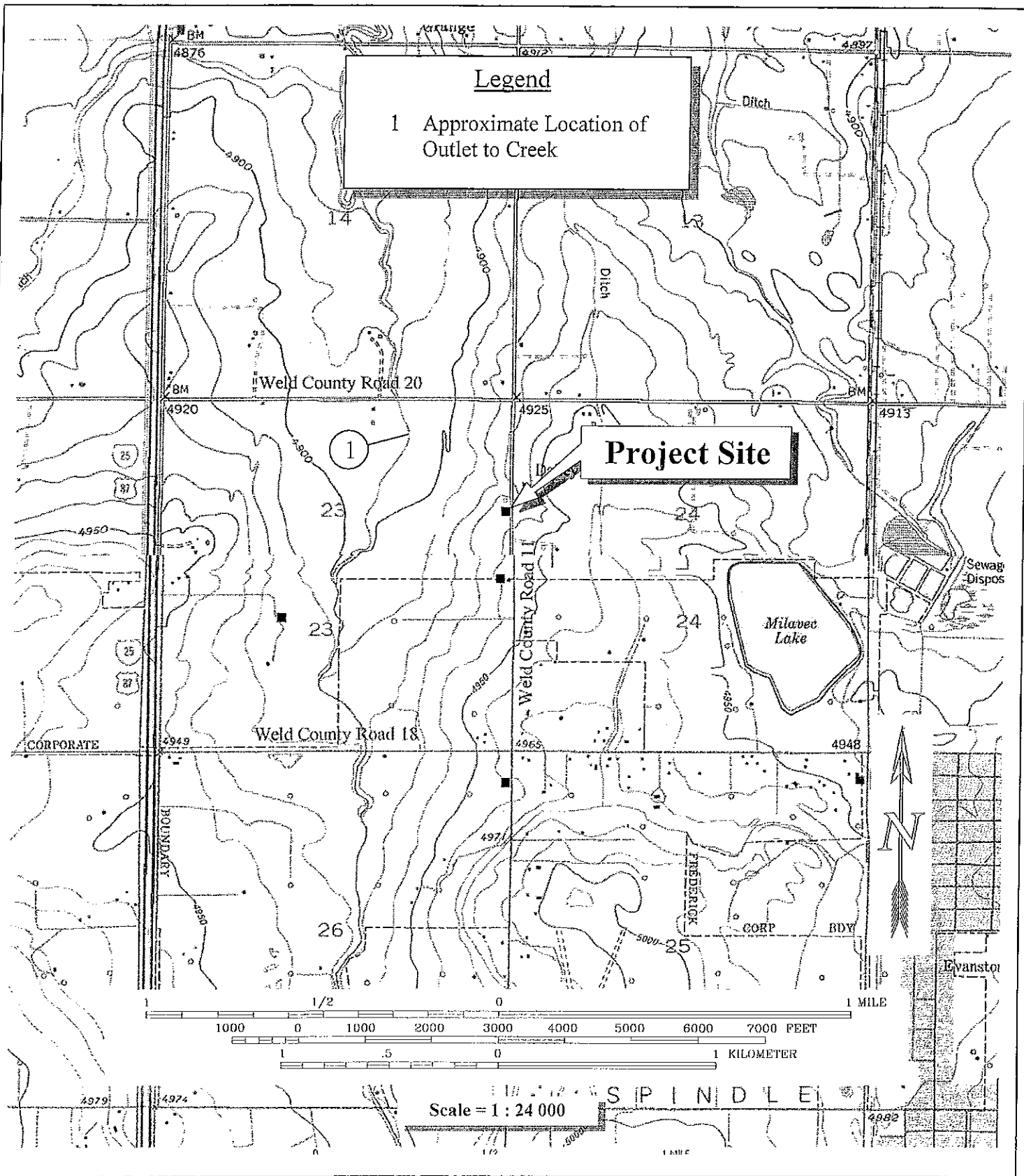
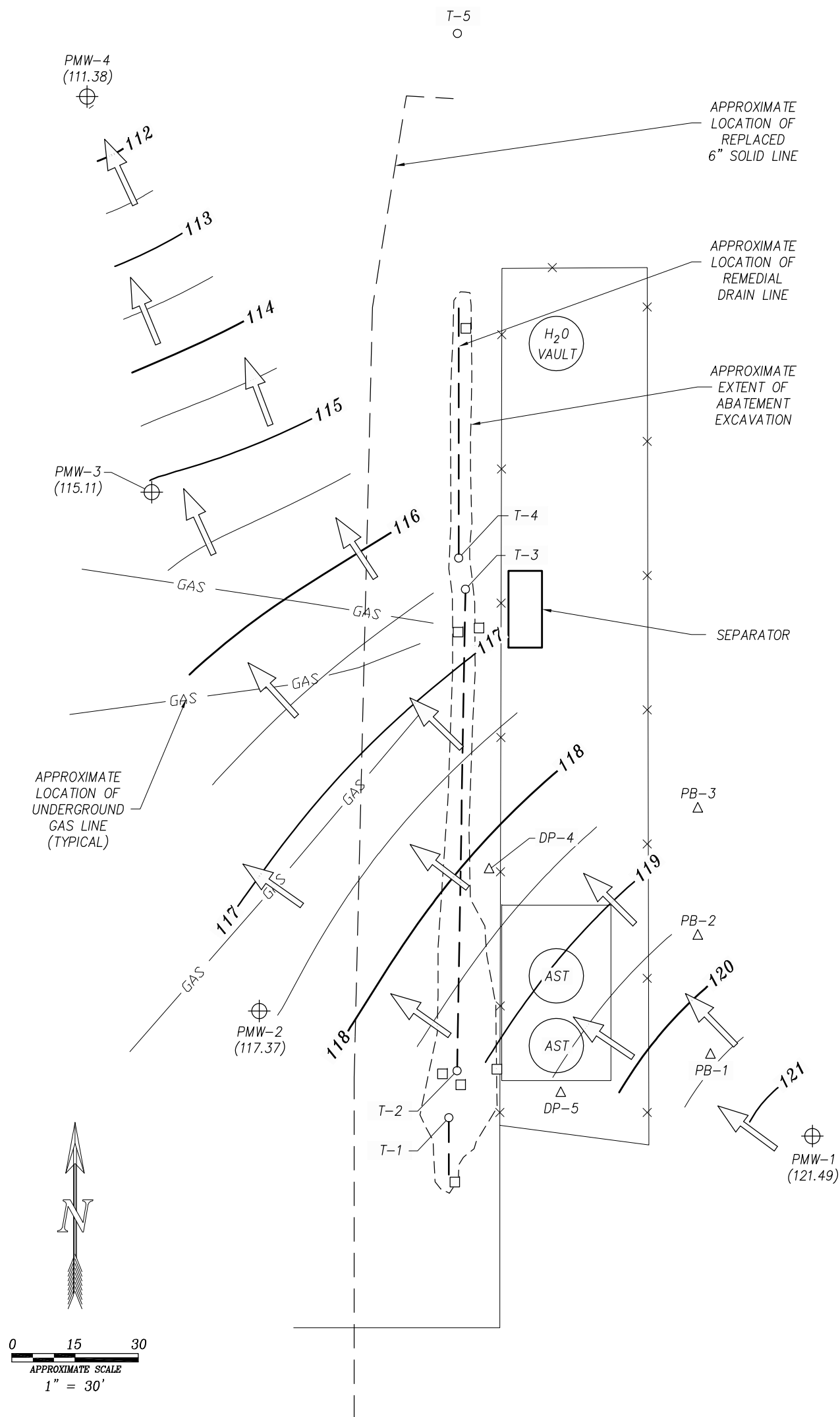


Figure 2 Vicinity Map
Machii-Ross Petroleum – Berger Tank Battery
Weld County Road 11 and Weld County Road 20, Weld County, Colorado
Project No. 1007004 June 2007 Drawn by PJH(04fig2a)

PARAGON



0 15 30
APPROXIMATE SCALE
1" = 30'

Legend

- APPROXIMATE LOCATION OF REMEDIAL DRAIN LINE RISER
- △ APPROXIMATE LOCATION OF SOIL BORING
- ⊕ APPROXIMATE LOCATION OF MONITORING WELL
- APPROXIMATE LOCATION OF SOIL SAMPLE
- ESTIMATED DIRECTION OF GROUNDWATER FLOW
- 120- ESTIMATED GROUNDWATER ELEVATION IN FEET ABOVE A COMMON DATUM

NOTE: GROUNDWATER CONTOURS WERE ESTIMATED USING THE "SURFER" PROGRAM FROM GOLDEN SOFTWARE BASED ON DATA COLLECTED FROM WELLS PMW-1, PMW-2, PMW-3, & PMW-4 ON MAY 12, 2009. ACTUAL CONDITIONS MAY VARY.

**Figure 3 Piezometric Surface Diagram
Berger Tank Battery
Machii-Ross Petroleum Company
Weld County Road 11 & 20
Weld County, Colorado**

Project Mngr:
ADW
Designed by:
Drawn by:
PJH
Checked by:
ADW
Approved by:
DMR

PARAGON
Consulting Group
Environmental Engineering
and Geohydrology
6901 Broadway
Denver, Colorado 80221

Project No:
1007004
Scale:
As Shown
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Date:
Jun 2009
Sheet No:

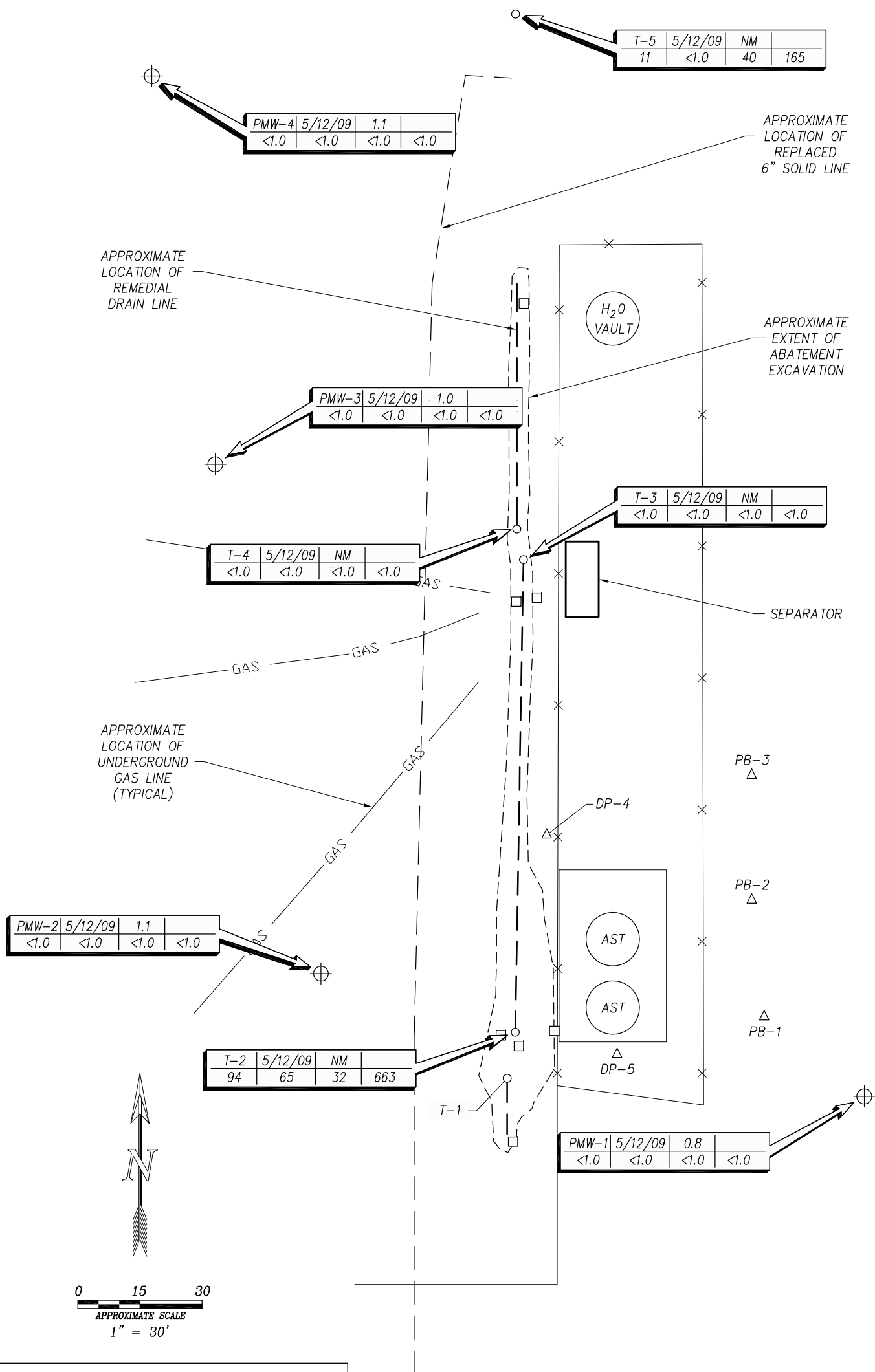


Figure 4 Groundwater Quality Results Diagram
Berger Tank Battery
Machii-Ross Petroleum Company
Weld County Road 11 & 20
Weld County, Colorado

Project Mngr: ADW	PARAGON Consulting Group Environmental Engineering and Geohydrology 6901 Broadway Denver, Colorado 80221	Project No: 1007004
Designed by:		Scale: As Shown
Drawn by: PJH		File No: 04w0509
Checked by: ADW		Date: Jun 2009
Approved by: DMR		Sheet No:

TABLE 1
SUMMARY OF GROUNDWATER ELEVATION DATA

PROJECT NAME: Machii Ross/Berger Battery
PROJECT LOCATION: WCR 11 & WCR 20, Weld County, Colorado
PROJECT NUMBER: 1007004

Well Name	PMW-1	PMW-2	PMW-3	PMW-4
Casing Elevation (feet)	125.44	124.82	121.50	119.41
<u>Date Measured: March 1, 2007</u>				
Depth to Water (feet)	11.38	3.96	7.02	10.42
Groundwater Elevation (feet)	114.06	120.86	114.48	108.99
<u>Date Measured: April 9, 2007</u>				
Depth to Water (feet)	3.99	7.60	6.71	9.61
Groundwater Elevation (feet)	121.45	117.22	114.79	109.80
<u>Date Measured: June 13, 2007</u>				
Depth to Water (feet)	4.11	4.70	7.20	10.61
Groundwater Elevation (feet)	121.33	120.12	114.30	108.80
<u>Date Measured: September 28, 2007</u>				
Depth to Water (feet)	3.85	8.25	8.00	11.18
Groundwater Elevation (feet)	121.59	116.57	113.50	108.23
<u>Date Measured: January 28, 2008</u>				
Depth to Water (feet)	4.90	7.96	NM	9.79
Groundwater Elevation (feet)	120.54	116.86	NM	109.62
<u>Date Measured: April 30, 2008</u>				
Depth to Water (feet)	4.68	7.60	6.80	9.52
Groundwater Elevation (feet)	120.76	117.22	114.70	109.89
<u>Date Measured: July 21, 2008</u>				
Depth to Water (feet)	4.15	8.49	7.54	10.89
Groundwater Elevation (feet)	121.29	116.33	113.96	108.52
<u>Date Measured: October 6, 2008</u>				
Depth to Water (feet)	3.82	8.26	7.08	9.58
Groundwater Elevation (feet)	121.62	116.56	114.42	109.83
<u>Date Measured: May 12, 2009</u>				
Depth to Water (feet)	3.95	7.45	6.39	8.03
Groundwater Elevation (feet)	121.49	117.37	115.11	111.38

Notes:

1. Approximate well locations are shown on Figure 3.
2. NM = Not Measured.

TABLE 2
SUMMARY OF WATER QUALITY RESULTS
(Page 1 of 2)

PROJECT NAME: Machii Ross/Berger Battery
PROJECT LOCATION: WCR 11 & WCR 20, Weld County, Colorado
PROJECT NUMBER: 1007004

Sample Point Name	Sample Date	Benzene (µg/L)	Toluene (µg/L)	Ethylbenzene (µg/L)	Xylenes (µg/L)	Dissolved Oxygen (mg/L)
PMW-1 ¹¹	03/01/07	<0.5	<0.5	<0.5	<0.5	2.6
PMW-1	04/09/07	NS	NS	NS	NS	1.1
PMW-1	06/13/07	<0.5	<0.5	<0.5	<0.5	0.7
PMW-1	09/28/07	<0.5	<0.5	<0.5	<0.5	0.1
PMW-1	01/28/08	<0.5	<0.5	<0.5	<0.5	0.8
PMW-1	04/30/08	<0.5	<0.5	<0.5	<0.5	NM
PMW-1	07/21/08	<0.5	<0.5	<0.5	<0.5	0.9
PMW-1	10/06/08	<1.	<1.	<1.	<1.	1.0
PMW-1	05/12/09	<1.	<1.	<1.	<1.	0.8
PMW-2	03/01/07	NS	NS	NS	NS	1.2
PMW-2	04/09/07	<0.5	<0.5	<0.5	<0.5	1.1
PMW-2	06/13/07	<0.5	<0.5	<0.5	<0.5	0.9
PMW-2	09/28/07	<0.5	<0.5	<0.5	<0.5	0.3
PMW-2	01/28/08	<0.5	<0.5	<0.5	<0.5	0.7
PMW-2	04/30/08	<0.5	<0.5	<0.5	<0.5	NM
PMW-2	07/21/08	<0.5	<0.5	<0.5	<0.5	1.0
PMW-2	10/06/08	<1.	<1.	<1.	<1.	1.1
PMW-2	05/12/09	<1.	<1.	<1.	<1.	1.1
PMW-3	03/01/07	NS	NS	NS	NS	1.4
PMW-3	04/09/07	<0.5	<0.5	<0.5	<0.5	1.0
PMW-3	06/13/07	<0.5	<0.5	<0.5	<0.5	1.0
PMW-3	09/28/07	<0.5	<0.5	<0.5	<0.5	0.4
PMW-3	01/28/08	<0.5	<0.5	<0.5	<0.5	0.8
PMW-3	04/30/08	<0.5	<0.5	<0.5	<0.5	NM
PMW-3	07/21/08	<0.5	<0.5	<0.5	<0.5	1.1
PMW-3	10/06/08	<1.	<1.	<1.	<1.	1.2
PMW-3	05/12/09	<1.	<1.	<1.	<1.	1.0
PMW-4	03/01/07	NS	NS	NS	NS	1.8
PMW-4	04/09/07	<0.5	<0.5	<0.5	<0.5	1.0
PMW-4	06/13/07	<0.5	<0.5	<0.5	<0.5	1.0
PMW-4	09/28/07	<0.5	<0.5	<0.5	<0.5	2.2
PMW-4	01/28/08	<0.5	<0.5	<0.5	<0.5	0.9
PMW-4	04/30/08	<0.5	<0.5	<0.5	<0.5	NM
PMW-4	07/21/08	<0.5	<0.5	<0.5	<0.5	1.3
PMW-4	10/06/08	<1.	<1.	<1.	<1.	1.0
PMW-4	05/12/09	<1.	<1.	<1.	<1.	1.1
BTB-SB-3	01/09/07	20,047.	97,441.	10,824.	142,796.	NM
BTB-4	01/09/07	3.5	65.	6.0	98.	NM
Concentration Levels		5.0	560.	700.	1,400.	NR

Notes:

1. Approximate sample locations are shown on Figure 4.
2. µg/L = micrograms per liter.
3. mg/L = milligrams per liter.
4. Concentration Levels for groundwater are described in Table 910-1 of Series 900 of the Colorado Oil & Gas Conservation Commission Rules and Regulations established April 1, 2009.
5. **Bold concentrations** indicate an exceedance of the Concentration Levels.
6. NR = Not Regulated.
7. NM = Not Measured.
8. NS = Not Sampled.
9. Groundwater levels did not appear to have stabilized in PMW-1, PMW-2 and PMW-3 since drilling and groundwater samples were not collected from these wells.
10. Groundwater samples BTB-SB-3 and BTB-4 were split samples collected from ENVIRON's probes SB-3 and SB-4, respectively, by Paragon personnel.
11. PMW-1 was inadvertently labeled as PMW-4 during the groundwater sampling performed in March 2007.

TABLE 2
SUMMARY OF WATER QUALITY RESULTS
 (Page 2 of 2)

PROJECT NAME: Machii Ross/Berger Battery
 PROJECT LOCATION: WCR 11 & WCR 20, Weld County, Colorado
 PROJECT NUMBER: 1007004

Sample Point Name	Sample Date	Benzene (ug/L)	Toluene (ug/L)	Ethylbenzene (ug/L)	Xylenes (ug/L)	Dissolved Oxygen (mg/L)
T-1	06/25/07	517.	1,877.	11.	4,397.	NM
T-1	01/28/08	NS	NS	NS	NS	NM
T-1	07/21/08	134.	129.	124.	1,550.	NM
T-1	05/12/09	NS	NS	NS	NS	NM
T-2	06/25/07	868.	775.	12.	6,330.	NM
T-2	01/28/08	300.	49.	<0.5	1,415.	NM
T-2	07/21/08	289.	55.	150.	1,961.	NM
T-2	05/12/09	94.	65.	32.	663.	NM
T-3	06/25/07	394.	24.	<0.5	3,449.	NM
T-3	01/28/08	214.	8.1	<0.5	627.	NM
T-3	07/21/08	199.	3.5	48.	246.	NM
T-3	05/12/09	<1.	<1.	<1.	<1.	NM
T-4	06/25/07	240.	2.2	<0.5	1,270.	NM
T-4	01/28/08	44.	0.7	<0.5	28.	NM
T-4	07/21/08	172.	6.6	17.	66.	NM
T-4	05/12/09	<1.	<1.	<1.	<1.	NM
T-5	06/25/07	1,451.	692.	426.	6,938.	NM
T-5	01/28/08	168.	<0.5	132.	1,547.	NM
T-5	07/21/08	177.	7.5	226.	1,216.	NM
T-5	05/12/09	11.	<1.	40.	165.	NM
Concentration Levels		5.0	560.	700.	1,400.	NR

Notes:

1. Approximate sample locations are shown on Figure 4.
2. $\mu\text{g/L}$ = micrograms per liter.
3. mg/L = milligrams per liter.
4. Concentration Levels for groundwater are described in Table 910-1 of Series 900 of the Colorado Oil & Gas Conservation Commission Rules and Regulations established April 1, 2009.
5. Bold concentrations indicate an exceedance of the Concentration Levels.
6. NR = Not Regulated.
7. NM = Not Measured.
8. NS = Not Sampled.
9. Groundwater levels did not appear to have stabilized in PMW-1, PMW-2 and PMW-3 since drilling and groundwater samples were not collected from these wells.
10. Groundwater samples BTB-SB-3 and BTB-4 were split samples collected from ENVIRON's probes SB-3 and SB-4, respectively, by Paragon personnel.
11. PMW-1 was inadvertently labeled as PMW-4 during the groundwater sampling performed in March 2007.

TABLE 3
GROUNDWATER RECOVERY
(Page 1 of 2)

PROJECT NAME: Machii Ross/Berger Battery

PROJECT LOCATION: WCR 11 & WCR 20, Weld County, Colorado

PROJECT NUMBER: 1007004

DATE	WELL NAME	AMOUNT RECOVERED (gal)	RECOVERY METHOD
3/23/2007	T-1 through T-5	1,050	vacuum extraction truck
5/29/2007	T-1 through T-5	2,310	vacuum extraction truck
5/31/2007	T-1 through T-5	2,100	vacuum extraction truck
6/4/2007	T-1 through T-5	2,310	vacuum extraction truck
7/3/2007	T-1 through T-5	2,730	vacuum extraction truck
7/5/2007	T-1 through T-5	2,310	vacuum extraction truck
7/9/2007	T-1 through T-5	2,310	vacuum extraction truck
7/16/2007	T-1 through T-5	2,520	vacuum extraction truck
7/23/2007	T-1 through T-5	2,184	vacuum extraction truck
7/30/2007	T-1 through T-5	2,730	vacuum extraction truck
8/20/2007	T-1 through T-5	2,520	vacuum extraction truck
8/27/2007	T-1 through T-5	1,890	vacuum extraction truck
9/4/2007	T-1 through T-5	2,730	vacuum extraction truck
9/18/2007	T-1 through T-5	1,680	vacuum extraction truck
10/8/2007	T-1 through T-5	2,100	vacuum extraction truck
10/15/2007	T-1 through T-5	1,680	vacuum extraction truck
10/22/2007	T-1 through T-5	2,730	vacuum extraction truck
10/29/2007	T-1 through T-5	2,184	vacuum extraction truck
11/5/2007	T-1 through T-5	2,730	vacuum extraction truck
11/14/2007	T-1 through T-5	2,730	vacuum extraction truck
11/19/2007	T-1 through T-5	2,730	vacuum extraction truck
12/3/2007	T-1 through T-5	1,470	vacuum extraction truck
12/10/2007	T-1 through T-5	1,722	vacuum extraction truck
12/17/2007	T-1 through T-5	1,638	vacuum extraction truck
12/26/2007	T-1 through T-5	2,940	vacuum extraction truck
1/2/2008	T-1 through T-5	2,520	vacuum extraction truck
1/7/2008	T-1 through T-5	1,974	vacuum extraction truck
1/14/2008	T-1 through T-5	2,520	vacuum extraction truck
1/21/2008	T-1 through T-5	2,646	vacuum extraction truck
1/29/2008	T-1 through T-5	1,764	vacuum extraction truck
2/4/2008	T-1 through T-5	2,730	vacuum extraction truck
2/11/2008	T-1 through T-5	2,520	vacuum extraction truck
2/18/2008	T-1 through T-5	2,520	vacuum extraction truck
3/3/2008	T-1 through T-5	2,730	vacuum extraction truck
3/10/2008	T-1 through T-5	2,940	vacuum extraction truck
3/17/2008	T-1 through T-5	2,730	vacuum extraction truck
3/24/2008	T-1 through T-5	2,730	vacuum extraction truck
3/31/2008	T-1 through T-5	2940	vacuum extraction truck
4/8/2008	T-1 through T-5	2,058	vacuum extraction truck
4/14/2008	T-1 through T-5	2,436	vacuum extraction truck
4/23/2008	T-1 through T-5	2,100	vacuum extraction truck
4/28/2008	T-1 through T-5	NR	vacuum extraction truck
5/5/2008	T-1 through T-5	2,436	vacuum extraction truck
5/15/2008	T-1 through T-5	2,730	vacuum extraction truck
5/19/2008	T-1 through T-5	2,730	vacuum extraction truck
5/27/2008	T-1 through T-5	NR	vacuum extraction truck

Notes:

1) Approximate sample locations are shown on Figure 3.

PARAGON

TABLE 3
GROUNDWATER RECOVERY
 (Page 2 of 2)

PROJECT NAME: Machii Ross/Berger Battery

PROJECT LOCATION: WCR 11 & WCR 20, Weld County, Colorado

PROJECT NUMBER: 1007004

DATE	WELL NAME	AMOUNT RECOVERED (gal)	RECOVERY METHOD
6/2/2008	T-1 through T-5	2,730	vacuum extraction truck
6/10/2008	T-1 through T-5	2,814	vacuum extraction truck
6/16/2008	T-1 through T-5	2,142	vacuum extraction truck
6/24/2008	T-1 through T-5	2,604	vacuum extraction truck
6/30/2008	T-1 through T-5	2,814	vacuum extraction truck
7/7/2008	T-1 through T-5	1,848	vacuum extraction truck
7/14/2008	T-1 through T-5	NR	vacuum extraction truck
7/22/2008	T-1 through T-5	1,974	vacuum extraction truck
7/28/2008	T-1 through T-5	3,066	vacuum extraction truck
8/4/2008	T-1 through T-5	2,940	vacuum extraction truck
8/13/2008	T-1 through T-5	1,680	vacuum extraction truck
8/18/2008	T-1 through T-5	2,940	vacuum extraction truck
8/25/2008	T-1 through T-5	2,940	vacuum extraction truck
9/3/2008	T-1 through T-5	2,940	vacuum extraction truck
9/8/2008	T-1 through T-5	1,848	vacuum extraction truck
9/22/2008	T-1 through T-5	2,940	vacuum extraction truck
9/29/2008	T-1 through T-5	2,310	vacuum extraction truck
10/6/2008	T-1 through T-5	2,730	vacuum extraction truck
10/13/2008	T-1 through T-5	2,940	vacuum extraction truck
11/3/2008	T-1 through T-5	2,520	vacuum extraction truck
11/10/2008	T-1 through T-5	2,940	vacuum extraction truck
11/17/2008	T-1 through T-5	2,730	vacuum extraction truck
11/24/2008	T-1 through T-5	2,730	vacuum extraction truck
12/1/2008	T-1 through T-5	2,520	vacuum extraction truck
12/8/2008	T-1 through T-5	2,310	vacuum extraction truck
12/15/2008	T-1 through T-5	2,268	vacuum extraction truck
12/22/2008	T-1 through T-5	1,974	vacuum extraction truck
12/29/2008	T-1 through T-5	2,520	vacuum extraction truck
1/5/2009	T-1 through T-5	2,520	vacuum extraction truck
1/12/2009	T-1 through T-5	2,058	vacuum extraction truck
1/19/2009	T-1 through T-5	1,680	vacuum extraction truck
1/26/2009	T-1 through T-5	2,310	vacuum extraction truck
2/2/2009	T-1 through T-5	2,142	vacuum extraction truck
2/9/2009	T-1 through T-5	1,680	vacuum extraction truck
2/16/2009	T-1 through T-5	2,142	vacuum extraction truck
2/23/2009	T-1 through T-5	2,142	vacuum extraction truck
3/2/2009	T-1 through T-5	1,890	vacuum extraction truck
3/9/2009	T-1 through T-5	2,436	vacuum extraction truck
3/23/2009	T-1 through T-5	2,730	vacuum extraction truck
TOTAL LIQUID REMOVED		196,224	

Notes:

1) Approximate sample locations are shown on Figure 3.



TECHNOLOGY LABORATORY, INC.

CENTRE PROFESSIONAL PARK

1012 Centre Avenue
Fort Collins, Colorado 80526
(970) 490-1414

CERTIFICATE OF ANALYSIS

Paragon Consulting Group, Inc.
1103 Oak Park Drive
Fort Collins, CO 80525

Date Received: 05/13/09

Matrix: Water

Project No.: 1007004

<u>Lab ID</u>	<u>Sample ID</u>	<u>Date Sampled</u>	<u>Date Analyzed</u>	<u>Benzene mg/L</u>	<u>Toluene mg/L</u>	<u>Ethylbenzene mg/L</u>	<u>Total Xylenes mg/L</u>
8320-01	PMW-1	05/12/09	05/14/09	< 0.001	< 0.001	< 0.001	< 0.001
8320-02	PMW-2	05/12/09	05/14/09	< 0.001	< 0.001	< 0.001	< 0.001
8320-03	PMW-3	05/12/09	05/14/09	< 0.001	< 0.001	< 0.001	< 0.001
8320-04	PMW-4	05/12/09	05/15/09	< 0.001	< 0.001	< 0.001	< 0.001
8320-05	T-2	05/12/09	05/14/09	0.094	0.065	0.032	0.663
8320-06	T-3	05/12/09	05/15/09	< 0.001	< 0.001	< 0.001	< 0.001
8320-07	T-4	05/12/09	05/15/09	< 0.001	< 0.001	< 0.001	< 0.001
8320-08	T-5	05/12/09	05/15/09	0.011	< 0.001	0.040	0.165

BTEX Method:

EPA-8260B

Todd Rhea



TECHNOLOGY LABORATORY, INC.

CENTRE PROFESSIONAL PARK

1012 Centre Avenue
Fort Collins, Colorado 80525
(970) 490-1414

CERTIFICATE OF ANALYSIS

QA/QC SURROGATE RECOVERY

Paragon Consulting Group, Inc.
1103 Oak Park Drive
Fort Collins, CO 80525

Date Received: 05/13/09

Matrix: Water

Project No.: 1007004

(% Recovery)

<u>Lab ID</u>	<u>Sample ID</u>	Bromofluorobenzene	Dibromofluoromethane	Toluene-d8
		<u>Limits (70-113%)</u>	<u>Limits (68-120%)</u>	<u>Limits (81-128%)</u>
8320-01	PMW-1	107	98	92
8320-02	PMW-2	107	98	90
8320-03	PMW-3	107	98	92
8320-04	PMW-4	101	98	91
8320-05	T-2	110	97	93
8320-06	T-3	107	99	90
8320-07	T-4	107	99	92
8320-08	T-5	113	99	90

Todd Rhea

TRUCKING JSA

REMIT TO: PO BOX 201858 DALLAS, TX 75320-1858

Yard No. 0327	Unit/Asset No. 0164520	Manifest	RCC No.
SWD Name		<input type="checkbox"/> Key SWD <input type="checkbox"/> Customer SWD <input type="checkbox"/> Public SWD	Disposal Ticket No.
WORK TICKET DESCRIPTION:			

[illegible]

Tank No.	Tank No.	Tank No.	Mileage Start	Mileage End
Top Gauge	Top Gauge	Top Gauge	3323	3327
Bottom Gauge	Bottom Gauge	Bottom Gauge	Ita _____ State	Ita _____ State

<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Safety Bells	<input type="checkbox"/> Safety Harness / Anli Fall Device	<input type="checkbox"/> Proper Clothing	<input type="checkbox"/> Hearing Protection
<input type="checkbox"/> Fire Extinguishers	<input type="checkbox"/> Steel Toed Boots	<input type="checkbox"/> Cotton/ Rubber Gloves	<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Other - Explain: _____
<input type="checkbox"/> Face Shields / Goggles	<input type="checkbox"/> Wheel Chock/Cones	<input type="checkbox"/> Confined Space Permit	<input type="checkbox"/> Work Permit Required	
<input type="checkbox"/> H2S / Tri-Monitors	<input type="checkbox"/> Back Support Belts	<input type="checkbox"/> Lock Out/Tag Out	<input type="checkbox"/> Ground Cable	

HAZARD ASSESSMENT:									
Lifting									
Manual Lifting (Body Position)	<input checked="" type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>				
Mechanical Lifting Equipment	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>				
Unlabeled Body Position	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>				
Slip/Trip Potential	<input checked="" type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>				
Lifting w/Other Employees	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>				
Proper Rigging Practices	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>				
Access/Exit									
Scaffold (properly inspected)	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>				
Ladder	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>				
Hoisting of Tools/Materials	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>				
Secure Footing	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>				
Hazards									
Proper Tool/Material Placement	<input checked="" type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>				
Hot/Cold Surface or Material	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>				
Inadequate Lighting	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>				
Fall Protection/Anchor Points	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>				
Pinch Points	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>				
Trenching/Excavation	<input checked="" type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>				
Hand and Finger Hazards	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>				
Electrical Hazards	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>				
Welding/Flame Cutting	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>				
Mechanical Equipment	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>				
Environmental									
Pollution (Personal Exposure)	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>				
Body Position/Movement									
Climbing	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>				
Pulling, Pushing	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>				
Bending	<input checked="" type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>				
Twisting Motion	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>				
Walking	<input checked="" type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>				
Swinging	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>				
Straining	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>				
Stretching	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>				
Reaching	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>				
Over Extending	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>				
Jumping	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>				
Crawling	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>				
Environmental Condition									
Day	<input checked="" type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>				
Night	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>				
Clear	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>				
Humid	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>				
Rain	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>				
Dust	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>				
Fog	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>				
Snow	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>				
Temp	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>				
Degrees	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>				
Wind	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>				
mph	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>				
Chains Required	<input checked="" type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>				
Steep Grades	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>				
Mud	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>				
Condition	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	<input type="checkbox"/>				
If YES to any HAZARDS - Identify:									

SEQUENCE OF BASIC JOB STEPS	POTENTIAL AT-RISK BEHAVIORS OR OTHER HAZARDS	POTENTIAL HAND AND/OR FINGER HAZARDS	ACTION TAKEN TO ELIMINATE OR REDUCE POTENTIAL HAZARDS
1. <u>PARKED TRUCK</u>	<u>PULL DOWN POTENTIAL</u>		<u>USE WELDED SHOCKS</u>
2. <u>SET UP HOSE</u>	<u>BACK STRAIN/LURK</u>		<u>USE PROPER POTENTIAL</u>
3. <u>LOADING</u>	<u>LICKENING LEVELS</u>		<u>USE PROPER PLUG</u>
4. <u>UNLOADING</u>	<u>SLIP/TRIP HAZARDS</u>		<u>WATCH STEP</u>

Key Approval - Date: Jerry Sparling 3-21-04 Customer Approval - Date:



T1142372

Date: 3-23-09 Work Ticket No. T1142372
S M T W T F S

[illegible]

Sales tax calculated on invoice

Sub Total	296.00
-----------	--------

Class	Employee No.	Employee Name / Signature	Start	End	Work	Travel	Down	Other	Total Hours
DRIVER	42373	LUISA VILLAGOMEZ	6:30	10:30					4.0
SWAMPER TRAINEE	/	Luisa Villagomez	AM	AM					

DV/T-305 a/o

☒ No Signature Required

CO Fluid Services



Key Energy Services, Inc.
TRUCKING JSA
REMIT TO: PO BOX 201858 DALLAS, TX 75320-1858

Customer Name/No.	Mach II Ross Petroleum	County/Parish	Weld	State	CO
Contact	Andy	Service Location	(Berger Battery) Km		
Directions to Location	A Berger Battery				

Yard No.	0327	Unit/Asset No.	0106319	Manifest	
SWD Name	C 0106319				
<input type="checkbox"/> Key SWD <input type="checkbox"/> Customer SWD					

WORK TICKET DESCRIPTION:

Start	End	Description	
6:30 AM	10:00 AM	Pull on Five cisers.	58
		Deliver liquids to disposal.	
		Return to Key yard.	
		* Strong odor of raw sewage.	
		* No product detected.	

Tank No.	Tank No.	Tank No.	Mileage Start	Mileage End
Top Gauge	Top Gauge	Top Gauge		
Bottom Gauge	Bottom Gauge	Bottom Gauge	lbs	State

SAFETY EQUIPMENT REQUIRED TO DO THIS JOB:

<input checked="" type="checkbox"/> Hard Hat	<input checked="" type="checkbox"/> Safety Belts	<input checked="" type="checkbox"/> Safety Harness / Anti Fall Device	<input checked="" type="checkbox"/> Proper Clothing	<input type="checkbox"/> Hearing Protection
<input checked="" type="checkbox"/> Fire Extinguishers	<input checked="" type="checkbox"/> Steel Toed Boots	<input checked="" type="checkbox"/> Cotton / Rubber Gloves	<input checked="" type="checkbox"/> Safety Glasses	<input type="checkbox"/> Other - Explain:
<input type="checkbox"/> Face Shields / Goggles	<input type="checkbox"/> Wheel Chock/Cones	<input type="checkbox"/> Confined Space Permit	<input type="checkbox"/> Work Permit Required	
<input type="checkbox"/> H2S / Tri-Monitors...	<input type="checkbox"/> Back Support Belts	<input type="checkbox"/> Lock Out/Tag Out	<input type="checkbox"/> Ground Cable	

PRE-JOB HAZARD ASSESSMENT:

Lifting Manual Lifting (Body Position) <input type="checkbox"/> Y <input type="checkbox"/> N Mechanical Lifting Equipment <input type="checkbox"/> Y <input type="checkbox"/> N Awkward Body Position <input type="checkbox"/> Y <input type="checkbox"/> N Slip/Trip Potential <input type="checkbox"/> Y <input type="checkbox"/> N Lifting w/Other Employees <input type="checkbox"/> Y <input type="checkbox"/> N Proper Rigging Practices <input type="checkbox"/> Y <input type="checkbox"/> N Access/Exit Scaffold (properly inspected) <input type="checkbox"/> Y <input type="checkbox"/> N Ladder <input type="checkbox"/> Y <input type="checkbox"/> N Hoisting of Tools/Materials <input type="checkbox"/> Y <input type="checkbox"/> N Secure Footing <input type="checkbox"/> Y <input type="checkbox"/> N	Hazards Proper Tool/Material Placement <input type="checkbox"/> Y <input type="checkbox"/> N Hot/Cold Surface or Material <input type="checkbox"/> Y <input type="checkbox"/> N Inadequate Lighting <input type="checkbox"/> Y <input type="checkbox"/> N Fall Protection/Anchor Points <input type="checkbox"/> Y <input type="checkbox"/> N Pinch Points <input type="checkbox"/> Y <input type="checkbox"/> N Trenching/Excavation <input type="checkbox"/> Y <input type="checkbox"/> N Hand and Finger Hazards <input type="checkbox"/> Y <input type="checkbox"/> N Electrical Hazards <input type="checkbox"/> Y <input type="checkbox"/> N Welding/Flame Cutting <input type="checkbox"/> Y <input type="checkbox"/> N Mechanical Equipment <input type="checkbox"/> Y <input type="checkbox"/> N Environmental <input type="checkbox"/> Y <input type="checkbox"/> N Pollution (Personal Exposure) <input type="checkbox"/> Y <input type="checkbox"/> N	Body Position/Movement Climbing <input type="checkbox"/> Y <input type="checkbox"/> N Pulling, Pushing <input type="checkbox"/> Y <input type="checkbox"/> N Bending <input type="checkbox"/> Y <input type="checkbox"/> N Twisting Motion <input type="checkbox"/> Y <input type="checkbox"/> N Walking <input type="checkbox"/> Y <input type="checkbox"/> N Swinging <input type="checkbox"/> Y <input type="checkbox"/> N Straining <input type="checkbox"/> Y <input type="checkbox"/> N Stretching <input type="checkbox"/> Y <input type="checkbox"/> N Reaching <input type="checkbox"/> Y <input type="checkbox"/> N Over Extending <input type="checkbox"/> Y <input type="checkbox"/> N Jumping <input type="checkbox"/> Y <input type="checkbox"/> N Crawling <input type="checkbox"/> Y <input type="checkbox"/> N	Environmental Condition <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Clear <input type="checkbox"/> Drizzle <input type="checkbox"/> Humid <input type="checkbox"/> Rain <input type="checkbox"/> Ice <input type="checkbox"/> Snow <input type="checkbox"/> Dust <input type="checkbox"/> Fog <input type="checkbox"/> Temp <input type="checkbox"/> 35 Degrees <input type="checkbox"/> Wind <input type="checkbox"/> mph <input type="checkbox"/> Chains Required <input type="checkbox"/> Sleep Grades <input type="checkbox"/> Mud <input type="checkbox"/> Condition If YES to any HAZARDS - Identify:
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SEQUENCE OF BASIC JOB STEPS	POTENTIAL AT-RISK BEHAVIORS OR OTHER HAZARDS	POTENTIAL HAND AND/OR FINGER HAZARDS	ACTION TAKEN TO ELIMINATE OR REDUCE POTENTIAL HAZARDS
1. Unload equipment	Equipment falling	Injury	1. Use proper technique
2. Working with live wire	Electric shock	Death	2. Use proper technique
3. Working with live wire	Electric shock	Death	3. Use proper technique

Key Approval - Date:

Customer Approval - Date:



Date: 3-9-09 Work Ticket No. T1142186

Asset	Service Code	Description	Qty	Rate	Total
0106319	30043	<input type="checkbox"/> Transport <input type="checkbox"/> Trans/Vac <input type="checkbox"/> Vacuum <input type="checkbox"/> Minimum <input type="checkbox"/> 130 BBL <input type="checkbox"/> 60-80 BBL <input type="checkbox"/> 50 BBL <input type="checkbox"/> Hour <input type="checkbox"/> Barrel <input type="checkbox"/> Load <input type="checkbox"/> 130 BBL <input type="checkbox"/> 60-80 BBL <input type="checkbox"/> 50 BBL Pump/Kill Truck Minimum <input type="checkbox"/> 130 BBL <input type="checkbox"/> 60-80 BBL <input type="checkbox"/> 50 BBL Pump/Kill Truck Hourly <input type="checkbox"/> 130 BBL <input type="checkbox"/> 60-80 BBL <input type="checkbox"/> 50 BBL Hot Oil Unit Minimum <input type="checkbox"/> 130 BBL <input type="checkbox"/> 75 BBL Hot Oil Unit Hourly <input type="checkbox"/> 130 BBL <input type="checkbox"/> 75 BBL Hot Oil by the BBL Propane Winch Truck Minimum <input type="checkbox"/> Light Duty <input type="checkbox"/> Heavy Duty Winch Truck Hourly <input type="checkbox"/> Light Duty <input type="checkbox"/> Heavy Duty Haul, Set & Deliver Equipment <input type="checkbox"/> Swamper <input type="checkbox"/> Special Fluid Helper Supervisor <input type="checkbox"/> Truck <input type="checkbox"/> Acid <input type="checkbox"/> Special Fluid Fresh Water Key Owned Fresh Water Non Key Brine Water Key Owned Brine Water Non Key Disposal Key Owned <input type="checkbox"/> Solid <input type="checkbox"/> B/S Disposal Non Key <input type="checkbox"/> Solid <input type="checkbox"/> B/S Disposal Key Owned <input type="checkbox"/> Produced <input type="checkbox"/> Flowback Disposal Non Key <input type="checkbox"/> Produced <input type="checkbox"/> Flowback Third Party KCL (Potassium Chloride) Powdered KCL Substitute KCL <input type="checkbox"/> 2% <input type="checkbox"/> 3% <input type="checkbox"/> 4% <input type="checkbox"/> Other Chemicals - Specify:	3 1/2	74.00	259.00
Sub Total					259.00

Sales tax calculated on invoice

PAYROLL:

Class	Employee No.	Employee Name / Signature	Start	End	Work	Travel	Down	Other	Total Hours
DRIVER	33205	Roger Fowler	6:30 AM	10:00 AM					3 1/2
SWAMPER	33205	Roger Fowler	6:30 AM	10:00 AM					3.5

No Signature Required



Customer Name/No. <i>Machi Ross Petroleum Co</i>		County/Parish <i>weld</i>	State <i>CO</i>
Contact <i>Andy</i>	Service Location <i>Berger Battery #1 BA</i>		
Directions to Location <i>BA 201 HW</i>			
Yard No. <i>0327</i>	Unit/Asset No. <i>01852417</i>	Matt Invoice to Peterson Energy Management, Inc. 2154 W. Eisenhower Boulevard Loveland, CO 80537	
SWD Name	<input type="checkbox"/> Key SWD		

Start	End	Description	# BBL	Oil/Water	Rec'd By
8:00 AM	11:00 AM	drove to Location pulled well	45	266	
		hauled to C2 Unloaded Return			
		to yard NO oil in load total			
		45 bbls			

Tank No.	Tank No.	Tank No.	Mileage Start	Mileage End
Top Gauge	Top Gauge	Top Gauge		
Bottom Gauge	Bottom Gauge	Bottom Gauge	Ita _____ State	Ita _____ State

☒ Hard Hat ☒ Safety Bells ☒ Safety Harness / Anti Fall Device ☒ Proper Clothing ☒ Hearing Protection
☒ Fire Extinguishers ☒ Steel Toe Boots ☒ Cotton / Rubber Gloves ☒ Safety Glasses ☒ Other - Explain: _____
☒ Face Shields / Goggles ☒ Wheel Chock/Cones ☒ Confined Space Permit ☒ Work Permit Required
☒ H2S / Tri-Monitors ☒ Back Support Belts ☒ Lock Out/Tag Out ☒ Ground Cable

Lifting				Hazards				Body Position/Movement				Environmental Condition				
Manual Lifting (Body Position)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper Tool/Material Placement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Climbing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Day	<input checked="" type="checkbox"/>	Night	<input checked="" type="checkbox"/>	Clear
Mechanical Lifting Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Hot/Cold Surface or Material	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pulling, Pushing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Drizzle	<input checked="" type="checkbox"/>	Humid	<input checked="" type="checkbox"/>	Rain
Awkward Body Position	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Inadequate Lighting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Bending	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Ice	<input checked="" type="checkbox"/>	Snow	<input checked="" type="checkbox"/>	Dust
Slip/Trip Potential	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Full Protection/Anchor Points	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Twisting Motion	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Temp	<input checked="" type="checkbox"/>		Degrees	Fog
Lifting w/Other Employees	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pinch Points	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Walking	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Wind	<input checked="" type="checkbox"/>		mph	
Proper Rigging Practices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Trenching/Excavation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Swinging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Chains Required	<input checked="" type="checkbox"/>			
				Hand and Finger Hazards	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Straining	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Sweep Grades	<input checked="" type="checkbox"/>			
Access/Exit				Electrical Hazards	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Stretching	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Wid	<input checked="" type="checkbox"/>			Condition
Scallops (properly inspected)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Welding/Flame Cutting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Reaching	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Ladders	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Mechanical Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Over Extending	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Hoisting of Tools/Materials	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Environmental	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Jumping	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Secure Footing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pollution (Personal Exposure)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Crouching	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					

IF YES to any HAZARDS - Identify: _____

SEQUENCE OF BASIC JOB STEPS	POTENTIAL AT-RISK BEHAVIORS OR OTHER HAZARDS	POTENTIAL HAND AND/OR FINGER HAZARDS	ACTION TAKEN TO ELIMINATE OR REDUCE POTENTIAL HAZARDS
PULL WELLS	TRUCK ROLL HOSE DISCONNECT		CHECKS WIRES
UNLOAD	STEEL FIRE SLIP		GROUND CABLE WELLS FOR GROUND

Customer Approval - Date:



T1142240

Date: 3-2-09 Work Ticket No. T1142240
S M T W T F S
03-02-09 *RD*

[illegible]

Sales tax calculated on invoice

Sub Total	222.00
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Class	Employee No.	Employee Name / Signature	Start	End	Work	Travel	Down	Other	Total Hours
DRIVER	39135	<i>[Signature]</i>	8:00	1:00					3.0
SWAMPER		<i>[Signature]</i>	Am	Am					
STAINEE		<i>[Signature]</i>							

☒ No Signature Required

5/27/2015 6:09



Customer Name/No.	March 11 Ploss Pet ^{Petroleum Company}		County/Parish	Weld	State	CO.
Contact	Andy	Service Location	(Berger Battery) #01010			
Directions to Location						

Yard No. <i>0327</i>	Unit/Asset No. <i>0106319</i>	Manufacturer <i>Peterson Energy Management, Inc.</i>
SWD Name <i>18 10106319</i>	<input type="checkbox"/> Key SWD	<i>2154 W. Eisenhower Boulevard</i>
	<input type="checkbox"/>	<i>Loveland, CO 80537</i>

Start	End	Description	# BBL	Oil/Water	Rec'd By
6:30 AM	10:00 AM	Pull on five risers.	51		
		Deliver liquids to disposal.			
		* No product detected.			

Tank No. _____	Tank No. _____	Tank No. _____	Mileage Start _____	Mileage End _____
Top Gauge _____	Top Gauge _____	Top Gauge _____		
Bottom Gauge _____	Bottom Gauge _____	Bottom Gauge _____	Ina _____ State	Ina _____ State

<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Safety Belts	<input type="checkbox"/> Safety Harness / Ankl Fall Device	<input type="checkbox"/> Proper Clothing	<input type="checkbox"/> Hearing Protection
<input type="checkbox"/> Fire Extinguishers	<input type="checkbox"/> Steel Toe Boots	<input type="checkbox"/> Chaps/ Rubber Gloves	<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Other - Explain:
<input type="checkbox"/> Face Shields / Goggles	<input type="checkbox"/> Wheel Chock/Cones	<input type="checkbox"/> Confined Space Permit	<input type="checkbox"/> Work Permit Required	
<input type="checkbox"/> H2S / Tri-Monitors	<input type="checkbox"/> Back Support Belts	<input type="checkbox"/> Lock Out/Tag Out	<input type="checkbox"/> Ground Cable	

Lifting			Hazards			Body Position/Movement			Environmental Condition		
Manual Lifting (Body Position)	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	Proper Tool/Material Placement	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	Climbing	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Day	<input checked="" type="checkbox"/> Night	<input type="checkbox"/> Clear
Mechanical Lifting Equipment	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	Hot/Cold Surface or Material	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	Pulling, Pushing	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Drizzle	<input type="checkbox"/> Humid	<input type="checkbox"/> Rain
Awkward Body Position	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	Inadequate Lighting	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	Bending	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Ice	<input checked="" type="checkbox"/> Snow	<input type="checkbox"/> Dust
Slip/Trip Potential	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	Fall Protection/Anchor Points	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	Twisting Motion	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Temp	<u>30</u> Degrees	<input type="checkbox"/> Fog
Lifting w/Other Employees	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	Pinch Points	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	Walking	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Wind	<u>3</u> mph	
Proper Rigging Practices	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	Trenching/Excavation	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	Swinging	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Chains Required		
			Hand and Finger Hazards	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	Straining	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Steep Grades		
Access/Exit			Electrical Hazards	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	Stretching	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> Mud		Condition
Scaffold (properly inspected)	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	Welding/Flame Cutting	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	Reaching	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N			
Ladder	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	Mechanical Equipment	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	Over Extending	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N			
Hoisting of Tools/Materials	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	Environmental	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	Jumping	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N			
Secure Footing	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	Pollution (Personal Exposure)	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	Crawling	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N			

11 YES to any HAZARDS = Identify: _____

SEQUENCE OF BASIC JOB STEPS	POTENTIAL AT-RISK BEHAVIORS OR OTHER HAZARDS	POTENTIAL HAND AND/OR FINGER HAZARDS	ACTION TAKEN TO ELIMINATE OR REDUCE POTENTIAL HAZARDS
Understand the job - 1	Read up on how to do the job	using	1. Using proper body position
Use the tools - 2	Use the tools	using	2. Use gloves
Kevin - 3			3. Using proper hand placement

Key Approval - Date: 2-29-09 Customer Approval - Date:



Date: 2-23-09 Work Ticket No. 11142177
S O T W T F S

T1142177

Asset	Service Code	Description	Qty	Rate	Total
		<input type="checkbox"/> Transport <input type="checkbox"/> Trans/Vac <input type="checkbox"/> Vacuum			
		Minimum <input type="checkbox"/> 130 BBL <input type="checkbox"/> 60-80 BBL <input type="checkbox"/> 50 BBL			
0106319	300143	<input type="checkbox"/> Hour <input type="checkbox"/> Barrel <input type="checkbox"/> Load <input type="checkbox"/> 130 BBL <input type="checkbox"/> 60-80 BBL <input type="checkbox"/> 50 BBL	3 1/2	\$74.00	259.00
		Pump/Kill Truck Minimum <input type="checkbox"/> 130 BBL <input type="checkbox"/> 60-80 BBL <input type="checkbox"/> 50 BBL			
		Pump/Kill Truck Hourly <input type="checkbox"/> 130 BBL <input type="checkbox"/> 60-80 BBL <input type="checkbox"/> 50 BBL			
		Hot Oil Unit Minimum <input type="checkbox"/> 130 BBL <input type="checkbox"/> 75 BBL			
		Hot Oil Unit Hourly <input type="checkbox"/> 130 BBL <input type="checkbox"/> 75 BBL			
		Hot Oil by the BBL			
		Propane			
		Winch Truck Minimum <input type="checkbox"/> Light Duty <input type="checkbox"/> Heavy Duty			/
		Winch Truck Hourly <input type="checkbox"/> Light Duty <input type="checkbox"/> Heavy Duty			
		Haul, Set & Deliver Equipment			
		<input type="checkbox"/> Swamper <input type="checkbox"/> Special Fluid Helper			
		Supervisor <input type="checkbox"/> Truck <input type="checkbox"/> Acid <input type="checkbox"/> Special Fluid			
		Fresh Water Key Owned			
		Fresh Water Non Key			
		Brine Water Key Owned			
		Brine Water Non Key			
		Disposal Key Owned <input type="checkbox"/> Solid <input type="checkbox"/> S/S			
		Disposal Non Key <input type="checkbox"/> Solid <input type="checkbox"/> S/S			
		Disposal Key Owned <input type="checkbox"/> Produced <input type="checkbox"/> Flowback			
		Disposal Non Key <input type="checkbox"/> Produced <input type="checkbox"/> Flowback			
		Third Party			
		KCL (Potassium Chloride) Powdered			
		KCL Substitute			
		KCL <input type="checkbox"/> 2% <input type="checkbox"/> 3% <input type="checkbox"/> 4% <input type="checkbox"/> Other			
		Chemicals - Specify:			
		FUEL <input type="checkbox"/> Fuel Surcharge <input type="checkbox"/> Fuel Charge			
Sales tax calculated on invoice			Sub Total		259.00

Sales tax calculated on invoice

Sub Total	2,79 00
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Class	Employee No.	Employee Name / Signature	Start	End	Work	Travel	Down	Other	Total Hours
DRIVER	33205	Roger Forster	6:30	10:15					3 1/2
SWAMPER TRAINER	(33205)†		AM	AM					(3.5)

☒ No Signature Required

Lupton, CO Fluid Services



Key Energy Services, Inc.
TRUCKING JSA
REMIT TO: PO BOX 201858 DALLAS, TX 75220-1858

Customer Name/No.	Machill Ross Petroleum	County/Parish	Weld	State	CO
Contact	Amy	Service Location	(Berger Battery) #1 Non H2		
Directions to Location					

Yard No.	0327	Unit/Asset No.	0106319	Manifest		RCC No.		
SWD Name		<input type="checkbox"/> Key SWD	<input type="checkbox"/> Customer SWD	<input type="checkbox"/> Public SWD	Disposal Ticket No.			

WORK TICKET DESCRIPTION:

Start	End	Description	# BBL	Oil/Water	Rec'd By
8:30 AM	11:30 AM	Pull on five risers.	51		
		Deliver liquids to disposal.			
		Return to Key yard			
		* Strong smell odor of sewage.			
		* No product detected.			

Tank No.	Tank No.	Tank No.	Mileage Start	Mileage End
			3188	3193
Top Gauge	Top Gauge	Top Gauge		
Bottom Gauge	Bottom Gauge	Bottom Gauge		

SAFETY EQUIPMENT REQUIRED TO DO THIS JOB:

- | | | | | |
|---|---|--|---|---|
| <input type="checkbox"/> Hard Hat | <input type="checkbox"/> Safety Belts | <input type="checkbox"/> Safety Harness / Anti Fall Device | <input checked="" type="checkbox"/> Proper Clothing | <input type="checkbox"/> Hearing Protection |
| <input type="checkbox"/> Fire Extinguishers | <input type="checkbox"/> Steel Toed Boots | <input type="checkbox"/> Confined Rubber Gloves | <input type="checkbox"/> Safety Glasses | <input type="checkbox"/> Other - Explain: |
| <input type="checkbox"/> Face Shields / Goggles | <input type="checkbox"/> Wheel Chock/Dones | <input type="checkbox"/> Confined Space Permit | <input type="checkbox"/> Work Permit Required | |
| <input type="checkbox"/> H2S / Tri-Monitors | <input type="checkbox"/> Back Support Belts | <input type="checkbox"/> Lock Out/Tag Out | <input type="checkbox"/> Ground Cable | |

PRE-JOB HAZARD ASSESSMENT:

Lifting		Hazards		Body Position/Movement		Environmental Condition	
Manual Lifting (Body Position)	<input type="checkbox"/> Y <input type="checkbox"/> N	Proper Tool/Material Placement	<input type="checkbox"/> Y <input type="checkbox"/> N	Climbing	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Clear	
Mechanical Lifting Equipment	<input type="checkbox"/> Y <input type="checkbox"/> N	Hot/Cold Surface or Material	<input type="checkbox"/> Y <input type="checkbox"/> N	Pushing, Pulling	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Drizzle <input type="checkbox"/> Humid <input type="checkbox"/> Rain	
Awkward Body Position	<input type="checkbox"/> Y <input type="checkbox"/> N	Inadequate Lighting	<input type="checkbox"/> Y <input type="checkbox"/> N	Bending	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Ice <input type="checkbox"/> Snow <input type="checkbox"/> Dust <input type="checkbox"/> Fog	
Slip/Trip Potential	<input type="checkbox"/> Y <input type="checkbox"/> N	Fall Protection/Anchor Points	<input type="checkbox"/> Y <input type="checkbox"/> N	Twisting Motion	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Temp. <input type="checkbox"/> Degrees	
Lifting w/Other Employees	<input type="checkbox"/> Y <input type="checkbox"/> N	Pinch Points	<input type="checkbox"/> Y <input type="checkbox"/> N	Walking	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Wind <input type="checkbox"/> mph	
Proper Rigging Practices	<input type="checkbox"/> Y <input type="checkbox"/> N	Trenching/Excavation	<input type="checkbox"/> Y <input type="checkbox"/> N	Swinging	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Chains Required	
Access/Fall		Hand and Finger Hazards	<input type="checkbox"/> Y <input type="checkbox"/> N	Reaching	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Sleep Grades	
Sealoffs (properly inspected)	<input type="checkbox"/> Y <input type="checkbox"/> N	Electrical Hazards	<input type="checkbox"/> Y <input type="checkbox"/> N	Stretching	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Mud	
Ladder	<input type="checkbox"/> Y <input type="checkbox"/> N	Welding/Flame Cutting	<input type="checkbox"/> Y <input type="checkbox"/> N	Over Extending	<input type="checkbox"/> Y <input type="checkbox"/> N	Condition	
Hoisting of Tools/Materials	<input type="checkbox"/> Y <input type="checkbox"/> N	Mechanical Equipment	<input type="checkbox"/> Y <input type="checkbox"/> N	Jumping	<input type="checkbox"/> Y <input type="checkbox"/> N		
Secure Footing	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Environmental	<input type="checkbox"/> Y <input type="checkbox"/> N	Crawling	<input type="checkbox"/> Y <input type="checkbox"/> N		
		Pollution (Personal Exposure)	<input type="checkbox"/> Y <input type="checkbox"/> N				

SEQUENCE OF BASIC JOB STEPS	POTENTIAL AT-RISK BEHAVIORS OR OTHER HAZARDS	POTENTIAL HAND AND/OR FINGER HAZARDS	ACTION TAKEN TO ELIMINATE OR REDUCE POTENTIAL HAZARDS
1. Unload all equipment needed to complete job	Equipment falling	Injury	1. Use proper body position
2. Load tanks	Pinches	Pinches	2. Use proper body position

Key Approval - Date:

Customer Approval - Date:



Date: 2-16-09
S M T W T F S

Work Ticket No. T1141916

T1141916

Asset	Service Code	Description	Qty	Rate	Total
		<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Trans/Vac <input type="checkbox"/> Vacuum			
		Minimum <input type="checkbox"/> 130 BBL <input type="checkbox"/> 60-80 BBL <input type="checkbox"/> 50 BBL			
0106319	320143	<input checked="" type="checkbox"/> Hour <input type="checkbox"/> Barrel <input type="checkbox"/> Load	3	\$24.00	222.00
		Pump/Kill Truck Minimum <input type="checkbox"/> 130 BBL <input type="checkbox"/> 60-80 BBL <input type="checkbox"/> 50 BBL			
		Pump/Kill Truck Hourly <input type="checkbox"/> 130 BBL <input type="checkbox"/> 60-80 BBL <input type="checkbox"/> 50 BBL			
		Hot Oil Unit Minimum <input type="checkbox"/> 130 BBL <input type="checkbox"/> 75 BBL			
		Hot Oil Unit Hourly <input type="checkbox"/> 130 BBL <input type="checkbox"/> 75 BBL			
		Hot Oil by the BBL			
		Propane			
		Winch Truck Minimum <input type="checkbox"/> Light Duty <input type="checkbox"/> Heavy Duty			
		Winch Truck Hourly <input type="checkbox"/> Light Duty <input type="checkbox"/> Heavy Duty			
		Haul, Set & Deliver Equipment			
		<input type="checkbox"/> Swamper <input type="checkbox"/> Special Fluid Helper			
		Supervisor <input type="checkbox"/> Truck <input type="checkbox"/> Acid <input type="checkbox"/> Special Fluid			
		Fresh Water Key Owned			
		Fresh Water Non Key			
		Brine Water Key Owned			
		Brine Water Non Key			
		Disposal Key Owned <input type="checkbox"/> Solid <input type="checkbox"/> B/S			
		Disposal Non Key <input type="checkbox"/> Solid <input type="checkbox"/> B/S			
		Disposal Key Owned <input type="checkbox"/> Produced <input type="checkbox"/> Flowback			
		Disposal Non Key <input type="checkbox"/> Produced <input type="checkbox"/> Flowback			
		Third Party			
		KCL (Potassium Chloride) Powdered			
		KCL Substitute			
		KCL <input type="checkbox"/> 2% <input type="checkbox"/> 3% <input type="checkbox"/> 4% <input type="checkbox"/> Other			
		Chemicals - Specify:			
		FUEL <input type="checkbox"/> Fuel Surcharge <input type="checkbox"/> Fuel Charge			

Sales tax calculated on invoice

Sub Total 222.00

PAYROLL:

Class	Employee No.	Employee Name / Signature	Start	End	Work	Travel	Down	Other	Total Hours
DRIVER	33205	Robert Gaudin	9:30 AM	11:30 AM					3
SWAMPER									
TRAINEE									

No Signature Required



Customer Name/No.	March Ross Petroleum	County/City	Weld CO	State	CO
Contact	Andy	Service Location	(Berger Batteries) Monticello		
Directions to Location	A Berger Battery				

WORK TICKET DESCRIPTION:

Start	End	Description	Start	End	Description
630	1000	Drive to Location pulled well	8	4206615	
Am	pm	hauled to disposal unloaded			
		have 46615 no sign of oil			

Tank No.	Tank No.	Tank No.	Mileage Start	Mileage End
Top Gauge	Top Gauge	Top Gauge	5015	5018
Bonom Gauge.	Bonom Gauge	Bonom Gauge	Ita _____ State	Ita _____ State

<input checked="" type="checkbox"/> Fire Extinguishers	<input checked="" type="checkbox"/> Safety Belts	<input checked="" type="checkbox"/> Safety Harness / Anti Fall Device	<input checked="" type="checkbox"/> Proper Clothing	<input checked="" type="checkbox"/> Hearing Protection
<input checked="" type="checkbox"/> Face Shields / Goggles	<input checked="" type="checkbox"/> Steel Toed Boots	<input checked="" type="checkbox"/> Conductive Rubber Gloves	<input checked="" type="checkbox"/> Safety Glasses	<input type="checkbox"/> Other - Explain: _____
<input checked="" type="checkbox"/> H2S / Tri-Monitors	<input checked="" type="checkbox"/> Wheel Chock/Cones	<input checked="" type="checkbox"/> Confined Space Permit	<input checked="" type="checkbox"/> Work Permit Required	
	<input checked="" type="checkbox"/> Back Support Belts	<input checked="" type="checkbox"/> Lock Out/Tag Out	<input checked="" type="checkbox"/> Ground Cable	

Lifting			Hazards			Body Position/Movement			Environmental Condition		
Manual Lifting (Body Position)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper Tool/Material Placement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Climbing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Day	<input checked="" type="checkbox"/>	Night
Mechanical Lifting Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Hole/Cut Surface or Material	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pulling / Pushing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Awkward Body Position	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Inadequate Lighting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Bending	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Slip/Trip Potential	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Fall Protection/ Anchor Points	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Twisting Motion	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Lifting w/Other Employees	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pinch Points	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Walking	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Proper Rigging Practices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Trenching/Excavation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Swinging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
			Hand and Finger Hazards	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Straining	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Access/Exit			Electrical Hazards	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Stretching	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Scaffold (properly inspected)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Welding/Fire/Cutting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Reaching	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Ladder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Mechanical Emission	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Over Extending	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Hoisting of Tools/Materials	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Environmental			Jumping	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Secure Footing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pollution (Personal Exposure)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Crawling	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
									If YES to any HAZARDS - Identify:		

SEQUENCE OF BASIC JOB STEPS	POTENTIAL AT-RISK BEHAVIORS OR OTHER HAZARDS	POTENTIAL HAND AND/OR FINGER HAZARDS	ACTION TAKEN TO ELIMINATE OR REDUCE POTENTIAL HAZARDS
pull load from walls	truck roll 5 ft		check wire camlocks
unload	stair truck roll	02-10-02	check ground check

Key Approval - Date: Kevin Goforth 2/20/09

Customer Approval - Date:



T1141824

Date: 2-9-09 Work Ticket No. T1141824
S M T W T F S

[illegible]

Sales tax calculated on invoice

Sub Total	280.00
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Class	Employee No.	Employee Name / Signature	Start	End	Work	Travel	Down	Other	Total Hours
DRIVER	59135	Angel [Signature]	6:30	1:00					3.5
SWALPER TRAINEE		Angel Jimenez Amador							

☒ No Signature Required

DKT-926 508

Ft. Lupton, CO Fluid Services



Key Energy Services, Inc.
TRUCKING JSA
REMIT TO: PO BOX 201855 DALLAS, TX 75320-1855

Service Location
Berger Battery

Customer Name/No.	Mach. Ross Petroleum	County/Parish	Weld	State	CO
Contact	Andy	Service Location	(Berger Battery) #1		
Directions to Location	N on H				

Yard No.	0327	Unit/Asset No.	0106319	Manifest		RCC No.	
SWD Name		<input type="checkbox"/> Key SWD	<input type="checkbox"/> Customer SWD	<input type="checkbox"/> Public SWD	Disposal Ticket No.		

WORK TICKET DESCRIPTION:

Start	End	Description	# BBL	Oil/Water	Rec'd By
9:00	11:30	Pull on five risers. Deliver to	51		
Am	Am	disposal. Return to Key yard.			
		(11:30) Am			
		No product detected			

Tank No.	Tank No.	Tank No.	Mileage Start	Mileage End
Top Gauge	Top Gauge	Top Gauge		
Bottom Gauge	Bottom Gauge	Bottom Gauge	lbs	State

SAFETY EQUIPMENT REQUIRED TO DO THIS JOB:

- ☐ Hard Hat ☐ Safety Belts ☐ Safety Harness / Anti Fall Device ☐ Proper Clothing ☐ Hearing Protection
☐ Fire Extinguishers ☐ Steel Toed Boots ☐ Rubber Gloves ☐ Safety Glasses ☐ Other - Explain:
☐ Face Shields / Goggles ☐ Wheel Chock/Cones ☐ Confined Space Permit ☐ Work Permit Required
☐ H2S / Tilt-Monitors ☐ Back Support Belts ☐ Lock Out/Tag Out ☐ Ground Cable

PRE-JOB HAZARD ASSESSMENT:

Lifting Manual Lifting (Body Position) <input type="checkbox"/> Y <input type="checkbox"/> N Mechanical Lifting Equipment <input type="checkbox"/> Y <input type="checkbox"/> N Awkward Body Position <input type="checkbox"/> Y <input type="checkbox"/> N Slip/Trip Potential <input type="checkbox"/> Y <input type="checkbox"/> N Lifting w/Other Employees <input type="checkbox"/> Y <input type="checkbox"/> N Proper Rigging Practices <input type="checkbox"/> Y <input type="checkbox"/> N Access/Exit <input type="checkbox"/> Y <input type="checkbox"/> N Scaffold (properly inspected) <input type="checkbox"/> Y <input type="checkbox"/> N Ladder <input type="checkbox"/> Y <input type="checkbox"/> N Hoisting of Tools/Materials <input type="checkbox"/> Y <input type="checkbox"/> N Secure Fencing <input type="checkbox"/> Y <input type="checkbox"/> N	Hazards Proper Tool/Material Placement <input type="checkbox"/> Y <input type="checkbox"/> N Hot/Cold Surface or Material <input type="checkbox"/> Y <input type="checkbox"/> N Inadequate Lighting <input type="checkbox"/> Y <input type="checkbox"/> N Fall Protection/Anchor Points <input type="checkbox"/> Y <input type="checkbox"/> N Pinch Points <input type="checkbox"/> Y <input type="checkbox"/> N Trenching/Excavation <input type="checkbox"/> Y <input type="checkbox"/> N Hand and Finger Hazards <input type="checkbox"/> Y <input type="checkbox"/> N Electrical Hazards <input type="checkbox"/> Y <input type="checkbox"/> N Welding/Flame Cutting <input type="checkbox"/> Y <input type="checkbox"/> N Mechanical Equipment <input type="checkbox"/> Y <input type="checkbox"/> N Environmental <input type="checkbox"/> Y <input type="checkbox"/> N Pollution (Personal Exposure) <input type="checkbox"/> Y <input type="checkbox"/> N	Body Position/Movement Climbing <input type="checkbox"/> Y <input type="checkbox"/> N Pulling, Pushing <input type="checkbox"/> Y <input type="checkbox"/> N Bending <input type="checkbox"/> Y <input type="checkbox"/> N Twisting Motion <input type="checkbox"/> Y <input type="checkbox"/> N Walking <input type="checkbox"/> Y <input type="checkbox"/> N Swinging <input type="checkbox"/> Y <input type="checkbox"/> N Straining <input type="checkbox"/> Y <input type="checkbox"/> N Reaching <input type="checkbox"/> Y <input type="checkbox"/> N Over-Extending <input type="checkbox"/> Y <input type="checkbox"/> N Jumping <input type="checkbox"/> Y <input type="checkbox"/> N Crawling <input type="checkbox"/> Y <input type="checkbox"/> N	Environmental Condition Day <input type="checkbox"/> Night <input type="checkbox"/> Clear <input type="checkbox"/> Rain <input type="checkbox"/> Fog Drizzle <input type="checkbox"/> Humid <input type="checkbox"/> Wind <input type="checkbox"/> mph Ice <input type="checkbox"/> Snow <input type="checkbox"/> Dust <input type="checkbox"/> Fog Temp <input type="checkbox"/> Degrees Wind <input type="checkbox"/> mph Chains Required <input type="checkbox"/> Yes <input type="checkbox"/> No Sleep Grades <input type="checkbox"/> Yes <input type="checkbox"/> No Mud <input type="checkbox"/> Yes <input type="checkbox"/> No Condition <input type="checkbox"/> Good <input type="checkbox"/> Poor If YES to any HAZARDS - Identify:
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SEQUENCE OF BASIC JOB STEPS	POTENTIAL AT-RISK BEHAVIORS OR OTHER HAZARDS	POTENTIAL HAND AND/OR SLINGER HAZARDS	ACTION TAKEN TO ELIMINATE OR REDUCE POTENTIAL HAZARDS
1. Hauling tank with	Haul on highway	1. Properly	1. Properly
2. Hauling to disposal	Disposal on highway	2. Properly	2. Properly

Kevin Conforth
Key Approval - Date: 2-3-09

Customer Approval - Date:



T1141774

Date: 2-2-09 Work Ticket No. T1141774
S O T W T F S

Asset	Service Code	Description	Qty	Rate	Total
		<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Trans/Vac <input type="checkbox"/> Vacuum			
		Minimum <input type="checkbox"/> 130 BBL <input type="checkbox"/> 60-90 BBL <input type="checkbox"/> 50 BBL			
0106319	320143	Hour <input type="checkbox"/> Barrel <input type="checkbox"/> Load <input type="checkbox"/> 130 BBL <input type="checkbox"/> 60-90 BBL <input type="checkbox"/> 50 BBL	2 1/2	\$80.00	200.00
		Pump/Kill Truck Minimum <input type="checkbox"/> 130 BBL <input type="checkbox"/> 60-90 BBL <input type="checkbox"/> 50 BBL			
		Pump/Kill Truck Hourly <input type="checkbox"/> 130 BBL <input type="checkbox"/> 60-90 BBL <input type="checkbox"/> 50 BBL			
		Hot Oil Unit Minimum <input type="checkbox"/> 130 BBL <input type="checkbox"/> 75 BBL			
		Hot Oil Unit Hourly <input type="checkbox"/> 130 BBL <input type="checkbox"/> 75 BBL			
		Hot Oil by the BBL			
		Propane			
		Winch Truck Minimum <input type="checkbox"/> Light Duty <input type="checkbox"/> Heavy Duty			
		Winch Truck Hourly <input type="checkbox"/> Light Duty <input type="checkbox"/> Heavy Duty			
		Haul, Set & Deliver Equipment			
		<input type="checkbox"/> Swamper <input type="checkbox"/> Special Fluid Helper			
		Supervisor: <input type="checkbox"/> Truck <input type="checkbox"/> Acid <input type="checkbox"/> Special Fluid			
		Fresh Water Key Owned			
		Fresh Water Non Key			
		Brine Water Key Owned			
		Brine Water Non Key			
		Disposal Key Owned <input type="checkbox"/> Solid <input type="checkbox"/> B/S			
		Disposal Non Key <input type="checkbox"/> Solid <input type="checkbox"/> B/S			
		Disposal Key Owned <input type="checkbox"/> Produced <input type="checkbox"/> Flowback			
		Disposal Non Key <input type="checkbox"/> Produced <input type="checkbox"/> Flowback			
		Third Party			
		KCL (Potassium Chloride) Powdered			
		KCL Substitute			
		KCL <input type="checkbox"/> 2% <input type="checkbox"/> 3% <input type="checkbox"/> 4% <input type="checkbox"/> Other			
		Chemicals - Specify:			
		FUEL <input type="checkbox"/> Fuel Surcharges <input type="checkbox"/> Fuel Charge			
Sales tax calculated on invoice				Sub Total	200.00

PAYROLL:

Class	Employee No.	Employee Name / Signature	Start	End	Work	Travel	Down	Other	Total Hours
DRIVER	33205	Roger Pender	9:00	11:30					2 1/2
SWAMPER			Am	Am					
TRAINEE									

No Signature Required



Customer Name/No.	MachinROSS Petroleum	County/Parish	weld	State	co
Contact	Andy	Service Location	Berger Kaffert NAH		
Directions to Location	↑ Berger Bridge				

WORK TICKET DESCRIPTION:

Start	End	Description	By
650	1000	drove to location pulled	
Am	Am	on wells hauled to for disposal	
---	---	unloaded - estimated to be ex-yake	
		No oil total of 556 bbls	

Tank No.	Tank No.	Tank No.	Mileage Start	Mileage End
Top Gauge	Top Gauge	Top Gauge	4962	4965
Bottom Gauge	Bottom Gauge	Bottom Gauge	the _____ State	the _____ State

<input checked="" type="checkbox"/> Hard Hat	<input checked="" type="checkbox"/> Safety Bells	<input checked="" type="checkbox"/> Safety Harness / Anti Fall Device	<input checked="" type="checkbox"/> Proper Clothing	<input checked="" type="checkbox"/> Hearing Protection
<input checked="" type="checkbox"/> Fire Extinguishers	<input checked="" type="checkbox"/> Steel Toec Boots	<input checked="" type="checkbox"/> Contact Rubber Gloves	<input checked="" type="checkbox"/> Safety Glasses	<input type="checkbox"/> Other - Explain: _____
<input checked="" type="checkbox"/> Face Shields / Goggles	<input checked="" type="checkbox"/> Wheel Chock/Cones	<input checked="" type="checkbox"/> Confined Space Permit	<input checked="" type="checkbox"/> Work Permit/ Required	
<input checked="" type="checkbox"/> HES / Tri-Worriors	<input checked="" type="checkbox"/> Back Support Belts	<input checked="" type="checkbox"/> Lock Out/Tag Out	<input checked="" type="checkbox"/> Ground and Cable	

Lifting			Hazards			Body Position/Movement			Environmental Condition		
Manual Lifting (Body Position)	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Proper Tool/Material Placement	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Climbing	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Day	<input type="checkbox"/> Night	<input type="checkbox"/> Clear
Mechanical Lifting Equipment	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Hot/Cold Surface or Material	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Pulling, Pushing	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Drizzle	<input type="checkbox"/> Humid	<input type="checkbox"/> Rain
Awkward Body Position	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Inadequate Lighting	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Bending	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Ice	<input type="checkbox"/> Snow	<input type="checkbox"/> Dust
Slip/Trip Potential	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Fall Protection/Anchor Points	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Twisting Motion	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Temp	<input type="checkbox"/> Degrees	<input type="checkbox"/> Fog
Lifting w/Other Employees	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Pinch Points	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Walking	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Wind	<input type="checkbox"/> mph	
Proper Rigging Practices	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Trenching/Excavation	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Swinging	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Chairs Required		
			Hand and Finger Hazards	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Straining	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Sleep Grades		
Access/Exit	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Electrical Hazards	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Stretching	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Mua	<input type="checkbox"/> Condition	
Scaffold (properly inspected)	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Welding/Flame Cutting	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Reasoning	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N			
Ladder	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Mechanical Equipment	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Over Extending	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N			
Hoisting of Tools/Materials	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Environmental	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Jumping	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N			
Secure Footing	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Pollution (Personal Exposure)	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	Crawling	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N			

If YES to any HAZARDS - Identify: _____

SEQUENCE OF BASIC JOB STEPS	POTENTIAL AT-RISK BEHAVIORS OR OTHER HAZARDS	POTENTIAL HAND AND/OR FINGER HAZARDS	ACTION TAKEN TO ELIMINATE OR REDUCE POTENTIAL HAZARDS
1. <u>pull wire</u>	<u>loss of control</u>	<u>pinch crush</u>	<u>wire connection</u>
2. <u>unplug</u>	<u>static ESD</u>		<u>ground cable</u>
3. <u>Kevin</u>	<u>friction</u>		<u>checkboxes</u>

1-27-09

Customer Approval - Date: _____



T1141813

Date: 1-26-09 Work Ticket No. T1141813
S M T W T F S

[illegible]

Sales tax calculated on invoice

Sub Total	280.00
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Class	Employee No.	Employee Name / Signature	Start	End	Work	Travel	Down	Other	Total Hours
DRIVER	39185	Cung	6:30	10:00					3.5
SWAMP TRAINER		Arge	Time	Time					

☒ No Signature Required

247005 6/17

Lupton, CO Fluid Services



Key Energy Services, Inc.
TRUCKING JSA
REMIT TO: PO BOX 201858 DALLAS, TX 75320-1858

Customer Name/No. Maachi Ross Petroleum County/Parish Weld State CO
Contact Andy Service Location Berger Battery, Van Hoo
Directions to Location #2 Berger Battery

Yard No. 0327 Unit/Asset No. 0182015 Manifest Mail invoice to
SWD Name 0182015 ☐ Key SWD ☐ Customer SWD Peterson Energy Management, Inc.
2154 W. Eisenhower Boulevard
Loveland, CO 80537

WORK TICKET DESCRIPTION:

Start	End	Description	Unit	Oil/Water	Rec'd By
7:00 AM	1:00 PM	drove to site, pulled 400 lbs			
		hauled to disposal, unloaded			
		Returned to Key yard, total			
		of 400 lbs. No oil all water			

Tank No.	Tank No.	Tank No.	Mileage Start	Mileage End
Top Gauge	Top Gauge	Top Gauge		
Bottom Gauge	Bottom Gauge	Bottom Gauge	Ita	Sta

SAFETY EQUIPMENT REQUIRED TO DO THIS JOB:

- ☒ Hard Hat ☒ Safety Belts ☒ Safety Harness / Anti Fall Device ☐ Proper Clothing ☐ Hearing Protection
☒ Fire Extinguishers ☐ Steel Toed Boots ☐ Cotton / Rubber Gloves ☐ Safety Glasses ☐ Other - Explain
☐ Face Shields / Goggles ☐ Wheel Chock/Cones ☐ Confined Space Permit ☐ Work Permit Required
☐ H2S / Tilt-Monitors ☐ Back Support Belts ☐ Lock Out/Tag Out ☐ Ground Cable

PRE-JOB HAZARD ASSESSMENT:

Manual Lifting (Body Position) ☒ Y ☐ N Hazards ☒ Y ☐ N Body Position/Movement ☒ Y ☐ N Environmental Condition ☒ Y ☐ N
Mechanical Lifting Equipment ☒ Y ☐ N Proper Tool/Material Placement ☒ Y ☐ N Climbing ☒ Y ☐ N Day ☐ Night ☒ Clear
Awkward Body Position ☒ Y ☐ N Hot/Cold Surface or Material ☒ Y ☐ N Pulling, Pushing ☒ Y ☐ N Drizzle ☐ Humid ☐ Rain
Slip/Trip Potential ☒ Y ☐ N Inadequate Lighting ☒ Y ☐ N Bending ☒ Y ☐ N Ice ☐ Snow ☐ Dust ☐ Fog
Lifting w/Other Employees ☒ Y ☐ N Fall Protection/Anchor Points ☒ Y ☐ N Twisting Motion ☒ Y ☐ N Temp ☐ Degrees
Proper Rigging Practices ☒ Y ☐ N Pinch Points ☒ Y ☐ N Waking ☒ Y ☐ N Wind ☐ mph
Access/Exit ☒ Y ☐ N Trenching/Excavation ☒ Y ☐ N Swinging ☒ Y ☐ N Chains Required
Scaffolds (properly inspected) ☒ Y ☐ N Hand and Finger Hazards ☒ Y ☐ N Straining ☒ Y ☐ N Sleep Grades
Ladders ☒ Y ☐ N Electrical Hazards ☒ Y ☐ N Reaching ☒ Y ☐ N Mud ☐ Condition
Hoisting of Tools/Materials ☒ Y ☐ N Welding/Flame Cutting ☒ Y ☐ N Over Extending ☒ Y ☐ N If YES to any HAZARDS - Identify:
Secure Footing ☒ Y ☐ N Mechanical Equipment ☒ Y ☐ N Jumping ☒ Y ☐ N
Pollution (Personal Exposure) ☒ Y ☐ N Crawling ☒ Y ☐ N

SEQUENCE OF BASIC JOB STEPS	POTENTIAL ATRISK BEHAVIORS OR OTHER HAZARDS	POTENTIAL HAND AND/OR FINGER HAZARDS	ACTION TAKEN TO ELIMINATE OR REDUCE POTENTIAL HAZARDS
1. UNLOAD	2A SPILL ABT		2A clear best
2. DISPOSE	2A SPILL ABT		2A clear best
	2B TRUCK		2B clear best

Key Approval - Date: Kevin Goforth

Customer Approval - Date: 1-20-09



T1141803

Date: 1-19-09 Work Ticket No. T1141803
S M T W T F S

Asset	Service Code	Description	Qty	Rate	Total
0182015		<input type="checkbox"/> Transport <input type="checkbox"/> Trans/Vac <input type="checkbox"/> Vacuum			
0182015	300143	Minimum <input type="checkbox"/> 130 BBL <input type="checkbox"/> 60-80 BBL <input type="checkbox"/> 50 BBL	2	80.00	240.00
		<input type="checkbox"/> Hour <input type="checkbox"/> Barrel <input type="checkbox"/> Load			
		Pump/Kill Truck Minimum <input type="checkbox"/> 130 BBL <input type="checkbox"/> 60-80 BBL <input type="checkbox"/> 50 BBL			
		Pump/Kill Truck Hourly <input type="checkbox"/> 130 BBL <input type="checkbox"/> 60-80 BBL <input type="checkbox"/> 50 BBL			
		Hot Oil Unit Minimum <input type="checkbox"/> 130 BBL <input type="checkbox"/> 75 BBL			
		Hot Oil Unit Hourly <input type="checkbox"/> 130 BBL <input type="checkbox"/> 75 BBL			
		Hot Oil by the BBL			
		Propene			
		Winch Truck Minimum <input type="checkbox"/> Light Duty <input type="checkbox"/> Heavy Duty			
		Winch Truck Hourly <input type="checkbox"/> Light Duty <input type="checkbox"/> Heavy Duty			
		Haul, Set & Deliver Equipment			
		<input type="checkbox"/> Swamper <input type="checkbox"/> Special Fluid Helper			
		Supervisor <input type="checkbox"/> Truck <input type="checkbox"/> Acid <input type="checkbox"/> Special Fluid			
		Fresh Water Key Owned			
		Fresh Water Non Key			
		Brine Water Key Owned			
		Brine Water Non Key			
		Disposal Key Owned <input type="checkbox"/> Solid <input type="checkbox"/> B/S			
		Disposal Non Key <input type="checkbox"/> Solid <input type="checkbox"/> B/S			
		Disposal Key Owned <input type="checkbox"/> Produced <input type="checkbox"/> Flowback			
		Disposal Non Key <input type="checkbox"/> Produced <input type="checkbox"/> Flowback			
		Third Party			
		KCL (Potassium Chloride) Powdered			
		KCL Substitute			
		KCL <input type="checkbox"/> 2% <input type="checkbox"/> 3% <input type="checkbox"/> 4% <input type="checkbox"/> Other			
		Chemicals - Specify:			
		FUEL <input type="checkbox"/> Fuel Surcharge <input type="checkbox"/> Fuel Charge			
		Sub Total			240.00

Sales tax calculated on invoice

PAYROLL: (39135)

Class	Employee No.	Employee Name / Signature	Start	End	Work	Travel	Down	Other	Total Hours
DRIVER	39135	Andy	7:00 AM	12:00 PM					3
SWAMPER		Angel							
TRAINEE									

No Signature Required

DWT-005 8/08

Lupton, CO Fluid Services
Key Energy Services, Inc.
 TRUCKING JSA
 REMIT TO: PO BOX 201856 DALLAS, TX 75320-1856

Customer Name/No. Machil Ross Petroleum County/Parish Weld State CO
 Contact Andy Service Location Berger Battery #1 well
 Directions to Location

Yard No 0327 Unit/Asset No 0106319
 SWD Name 0327 0106319
 Mail Invoice to
 Peterson Energy Management, Inc.
 2154 W. Eisenhower Boulevard
 Loveland, CO 80537

WORK TICKET DESCRIPTION:

Start	End	Description	# BBL	Oil/Water	Rec'd By
11/02/09	1:30	Pull on five risers	49		
		Deliver liquids to disposal			

Snow packed roads
 No product detected.

Tank No.	Tank No.	Tank No.	Mileage Start	Mileage End
Top Gauge	Top Gauge	Top Gauge		
Bottom Gauge	Bottom Gauge	Bottom Gauge		

SAFETY EQUIPMENT REQUIRED TO DO THIS JOB:

<input type="checkbox"/> Fire Extinguishers	<input type="checkbox"/> Safety Belts	<input type="checkbox"/> Safety Harness / Anti Fall Device	<input type="checkbox"/> Proper Clothing	<input type="checkbox"/> Hearing Protection
<input type="checkbox"/> Face Shields / Goggles	<input type="checkbox"/> Steel Toed Boots	<input type="checkbox"/> Confined Rubber Gloves	<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Other - Specify:
<input type="checkbox"/> H2S / Tri-Monitors	<input type="checkbox"/> Wheel Chocks/Cones	<input type="checkbox"/> Confined Space Permits	<input type="checkbox"/> Work Permit Required	
<input type="checkbox"/> Back Support Bags	<input type="checkbox"/> Lock Out/Tag Out	<input type="checkbox"/> Ground Cable		

PRE-JOB HAZARD ASSESSMENT:

Lifting Manual Lifting (Body Position) <input type="checkbox"/> Y <input type="checkbox"/> N Mechanical Lifting Equipment <input type="checkbox"/> Y <input type="checkbox"/> N Awkward Body Position <input type="checkbox"/> Y <input type="checkbox"/> N Slip/Trip Potential <input type="checkbox"/> Y <input type="checkbox"/> N Lifting w/Other Employees <input type="checkbox"/> Y <input type="checkbox"/> N Proper Rigging Practices <input type="checkbox"/> Y <input type="checkbox"/> N Access/Exit Scaffold (properly inspected) <input type="checkbox"/> Y <input type="checkbox"/> N Ladder <input type="checkbox"/> Y <input type="checkbox"/> N Holding of Tools/Materials <input type="checkbox"/> Y <input type="checkbox"/> N Secure Hoisting <input type="checkbox"/> Y <input type="checkbox"/> N	Hazards Proper Tool/Material Placement <input type="checkbox"/> Y <input type="checkbox"/> N Hot/Cold Surface or Material <input type="checkbox"/> Y <input type="checkbox"/> N Inadequate Lighting <input type="checkbox"/> Y <input type="checkbox"/> N Fall Protection/Anchor Points <input type="checkbox"/> Y <input type="checkbox"/> N Pinch Points <input type="checkbox"/> Y <input type="checkbox"/> N Tranching/Excavation <input type="checkbox"/> Y <input type="checkbox"/> N Hand and Finger Hazards <input type="checkbox"/> Y <input type="checkbox"/> N Electrical Hazards <input type="checkbox"/> Y <input type="checkbox"/> N Welding/Flame Cutting <input type="checkbox"/> Y <input type="checkbox"/> N Mechanical Equipment <input type="checkbox"/> Y <input type="checkbox"/> N Environmental Pollution (Personal Exposure) <input type="checkbox"/> Y <input type="checkbox"/> N	Body Position/Movement Climbing <input type="checkbox"/> Y <input type="checkbox"/> N Pulling, Pushing <input type="checkbox"/> Y <input type="checkbox"/> N Bending <input type="checkbox"/> Y <input type="checkbox"/> N Twisting Motion <input type="checkbox"/> Y <input type="checkbox"/> N Walking <input type="checkbox"/> Y <input type="checkbox"/> N Swinging <input type="checkbox"/> Y <input type="checkbox"/> N Straining <input type="checkbox"/> Y <input type="checkbox"/> N Stretching <input type="checkbox"/> Y <input type="checkbox"/> N Reaching <input type="checkbox"/> Y <input type="checkbox"/> N Over Extending <input type="checkbox"/> Y <input type="checkbox"/> N Jumping <input type="checkbox"/> Y <input type="checkbox"/> N Crawling <input type="checkbox"/> Y <input type="checkbox"/> N	Environmental Condition <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Clear <input type="checkbox"/> Drizzle <input type="checkbox"/> Humid <input type="checkbox"/> Rain <input type="checkbox"/> Ice <input type="checkbox"/> Snow <input type="checkbox"/> Dust <input type="checkbox"/> Fog Temp <u>30</u> Degrees Wind <u>15</u> mph <input type="checkbox"/> Chains Required <input type="checkbox"/> Steep Grades <input type="checkbox"/> Mud <input type="checkbox"/> Condition YES to any HAZARDS - Identify:
---	---	--	--

SEQUENCE OF BASIC JOB STEPS	POTENTIAL ATRISK BEHAVIORS OR OTHER HAZARDS	POTENTIAL HAND AND/OR FINGER HAZARDS	ACTION TAKEN TO ELIMINATE OR REDUCE POTENTIAL HAZARDS
1. Pull on five risers	Hand on risers	Hand on risers	Use proper hand position
2. Deliver liquids to disposal	Hand on disposal	Hand on disposal	Use proper hand position

Key Approval - Date: 1-13-09 Kevin Goforth
 Customer Approval - Date: _____



Date: 1-12-09 Work Ticket No J1008490
 S O T W T F S

T1008490

Asset	Service Code	Description	Qty	Rate	Total
		<input type="checkbox"/> Transport <input type="checkbox"/> Trans/Vac <input type="checkbox"/> Vacuum			
		Minimum <input type="checkbox"/> 130 BBL <input type="checkbox"/> 80-80 BBL <input type="checkbox"/> 50 BBL			
		<input type="checkbox"/> Hour <input type="checkbox"/> Barrel <input type="checkbox"/> Load <input type="checkbox"/> 130 BBL <input type="checkbox"/> 80-80 BBL <input type="checkbox"/> 50 BBL			
		Pump/Kill Truck Minimum <input type="checkbox"/> 130 BBL <input type="checkbox"/> 60-80 BBL <input type="checkbox"/> 50 BBL			
		Pump/Kill Truck Hourly <input type="checkbox"/> 130 BBL <input type="checkbox"/> 60-80 BBL <input type="checkbox"/> 50 BBL			
		Hot Oil Unit Minimum <input type="checkbox"/> 130 BBL <input type="checkbox"/> 75 BBL			
		Hot Oil Unit Hourly <input type="checkbox"/> 130 BBL <input type="checkbox"/> 75 BBL			
		Hot Oil by the BBL			
		Propane			
		Winch Truck Minimum <input type="checkbox"/> Light Duty <input type="checkbox"/> Heavy Duty			
		Winch Truck Hourly <input type="checkbox"/> Light Duty <input type="checkbox"/> Heavy Duty			
		Haul, Set & Deliver Equipment			
		<input type="checkbox"/> Swamper <input type="checkbox"/> Special Fluid Helper			
		Supervisor <input type="checkbox"/> Truck <input type="checkbox"/> Asst. <input type="checkbox"/> Special Fluid			
		Fresh Water Key Owned			
		Fresh Water Non Key			
		Brine Water Key Owned			
		Brine Water Non Key			
		Disposal Key Owned <input type="checkbox"/> Solid <input type="checkbox"/> B/S			
		Disposal Non Key <input type="checkbox"/> Solid <input type="checkbox"/> B/S			
		Disposal Key Owned <input type="checkbox"/> Produced <input type="checkbox"/> Flowback			
		Disposal Non Key <input type="checkbox"/> Produced <input type="checkbox"/> Flowback			
		Third Party			
		KCL (Potassium Chloride) Powdered			
		KCL Substitute			
		KCL <input type="checkbox"/> 2% <input type="checkbox"/> 3% <input type="checkbox"/> 4% <input type="checkbox"/> Other			
		Chemicals - Specify:			
		FUEL <input type="checkbox"/> Fuel Surcharge <input type="checkbox"/> Fuel Charge			

Sales tax calculated on invoice

Sub Total	
Sales Tax	
TOTAL	280.00

PAYROLL: (33205)

Class	Employee No.	Employee Name / Signature	Start	End	Work	Travel	Down	Other	Total Hours
DRIVER	33205	Roger Fender	11/02/09						2.75
HELPER			11/02/09						(3.5)

No Signature Required

Key

REMIT TO: PO BOX 201858 DALLAS, TX 75320-1858

mail notice to

Start	End	Description	# Bbl	Oil/Water	Rec'd By
6:30 AM	10:30 AM	Drove to location. Set up to pump wells. Pumped 60 H ₂ O wells. Got 60 Bbl's. Drove to disposal	60	H ₂ O	
		60. Disposed and Drove to yard.	60	Bbl's	

<input type="checkbox"/> Hard Hat	<input checked="" type="checkbox"/> Safety Belts	<input type="checkbox"/> Safety Harness / Anti Fall Device	<input checked="" type="checkbox"/> Proper Clipping	<input type="checkbox"/> Hearing Protection
<input type="checkbox"/> Fire Extinguishers	<input checked="" type="checkbox"/> Steel Toed Boots	<input checked="" type="checkbox"/> Canvas / Rubber Gloves	<input checked="" type="checkbox"/> Safety Glasses	<input type="checkbox"/> Other - Explain:
<input type="checkbox"/> Face Shields / Goggles	<input checked="" type="checkbox"/> Wheel Chock/Cones	<input type="checkbox"/> Confined Space Permit	<input checked="" type="checkbox"/> Work Permit Required	
<input checked="" type="checkbox"/> H2S / Tilt Monitors	<input type="checkbox"/> Back Support Belts	<input type="checkbox"/> Lock Out/Tag Out	<input type="checkbox"/> Ground Cable	

Lifting		Hazards		Body Position/Movement		Environmental Condition	
Manual Lifting (Body Position)	<input type="checkbox"/> Y <input type="checkbox"/> N	Proper Tool/Material Placement	<input type="checkbox"/> Y <input type="checkbox"/> N	Climbing	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Day	<input type="checkbox"/> Night
Mechanical Lifting Equipment	<input type="checkbox"/> Y <input type="checkbox"/> N	Hot/Cold Surface or Material	<input type="checkbox"/> Y <input type="checkbox"/> N	Pulling, Pushing	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Orizzle	<input type="checkbox"/> Hail
Awkward Body Position	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Inadequate Lighting	<input type="checkbox"/> Y <input type="checkbox"/> N	Bending	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Slice	<input type="checkbox"/> Rain
Slip/Trip Potential	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Fall Protection/Anchor Points	<input type="checkbox"/> Y <input type="checkbox"/> N	Twisting Motion	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Snow	<input type="checkbox"/> Fog
Lifting w/Other Employees	<input type="checkbox"/> Y <input type="checkbox"/> N	Pinch Points	<input type="checkbox"/> Y <input type="checkbox"/> N	Walking	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Wind	<input type="checkbox"/> Degrees
Proper Rigging Practices	<input type="checkbox"/> Y <input type="checkbox"/> N	Trenching/Excavation	<input type="checkbox"/> Y <input type="checkbox"/> N	Swinging	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Temp	<input type="checkbox"/> mph
		Hand and Finger Hazards	<input type="checkbox"/> Y <input type="checkbox"/> N	Straining	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Chains Required	
		Electrical Hazards	<input type="checkbox"/> Y <input type="checkbox"/> N	Stretching	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Sleep Greases	
Access/Exit		Welding/Flame Cutting	<input type="checkbox"/> Y <input type="checkbox"/> N	Reaching	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Muc	Condition
Scaffold (properly inspected)	<input type="checkbox"/> Y <input type="checkbox"/> N	Mechanical Equipment	<input type="checkbox"/> Y <input type="checkbox"/> N	Over-Extending	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N		
Ladder	<input type="checkbox"/> Y <input type="checkbox"/> N	Environmental		Jumping	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N		
Hoisting of Tools/Materials	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Pollution (Personal Exposure)	<input type="checkbox"/> Y <input type="checkbox"/> N	Crawling	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N		
Secure Footing	<input type="checkbox"/> Y <input type="checkbox"/> N						

If YES to any HAZARDS - Identify: _____

Kevin Goforth
Key Approval - Date:

Date:

Work Ticket No. 1008298

S M T W T F S

-01-05-09.17

334.00

Class	Employee No.	Employee Name / Signature	Start	End	Work	Travel	Down	Other	Total Hours
DRIVER	49998	MIGUEL TRUJERO	6:30	10:30					4.0
HELPER			Am	Am					

☒ No Signature Required

Opton, CO Fluid Services
Key Energy Services, Inc.
 TRUCKING JSA
 REMIT TO: PO BOX 201855 DALLAS, TX 75320-1858

Customer Name/No. MACH II ROSS Petroleum County/Parish WELD State CO
 Contact Alvin Service Location (BERGER BATTERY) well HC
 Directions to Location _____
 Yard No. 0327 Unit/Asset No. 0164520 Manifest Peterson Energy Management, Inc.
 SWD Name _____ Key SWD ☐ 200 Loveland, CO 80537

WORK TICKET DESCRIPTION:

Start	End	Description	# BBL	Oil/Water	Rec'd By
9:30	1:00	PULLED ON 5 RAISERS	60	W	
AM	PM	DRIVE TO CONQUEST TOWNLOAD			

Tank No.	Tank No.	Tank No.	Mileage Start	Mileage End
Top Gauge	Top Gauge	Top Gauge		
Bottom Gauge	Bottom Gauge	Bottom Gauge	Ita _____ State _____	Ita _____ State _____

SAFETY EQUIPMENT REQUIRED TO DO THIS JOB:

- ☒ Hard Hat ☒ Safety Belts ☐ Safety Harness / Anti Fall Device ☒ Proper Clothing ☐ Hearing Protection
☒ Fire Extinguishers ☒ Steel Toed Boots ☒ Concom Rubber Gloves ☒ Safety Glasses ☐ Other - Explain _____
☒ Face Shields / Goggles ☒ Wheel Chock/Chocks ☐ Confined Space Permit ☐ Work Permit Required
☐ H2S / H-V Monitors ☐ Back Support Belt ☐ Lock Out/Tag Out ☒ Ground Cable

PRE-JOB HAZARD ASSESSMENT:

Using	Maneuvering	Mechanics	Awkward Body Position	Slip/Trip Potential	Using w/Other Employees	Proper Rigging Practices	Access/Exit	Scaffold (properly inspected)	Ladder	Holding of Tools/Materials	Secure Footing	Potential Hazards	Body Position/Movement	Environmental Condition
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

SEQUENCE OF BASIC JOB STEPS	POTENTIAL AT-RISK BEHAVIORS OR OTHER HAZARDS	POTENTIAL HAND AND/OR FINGER HAZARDS	ACTION TAKEN TO ELIMINATE OR REDUCE POTENTIAL HAZARDS
DRIVE INTO LOCATION STREET ROAD			USE CAUTION
SETUP HOSE	SLIP/TRIP HAZARDS		USE CAUTION
OPERATE LINES	WHEEL CHOCKS		WHEEL CHOCKS

Key Approval - Date 12-31-08 Jerry Spaulding

Customer Approval - Date: _____



T1008363

Date: 12-29-08 Work Ticket No. T1008363
 S M T W T F S

Asset	Service Code	Description	Qty	Rate	Total
0164520	300143	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Trans/Vac <input type="checkbox"/> Vacuum			
		Minimum <input type="checkbox"/> 130 BBL <input type="checkbox"/> 60-80 BBL <input type="checkbox"/> 50 BBL	3.5	80.00	280.00
		<input checked="" type="checkbox"/> Hour <input type="checkbox"/> Barrel <input type="checkbox"/> Load <input type="checkbox"/> 130 BBL <input type="checkbox"/> 60-80 BBL <input type="checkbox"/> 50 BBL			
		Pump/Kill Truck Minimum <input type="checkbox"/> 130 BBL <input type="checkbox"/> 60-80 BBL <input type="checkbox"/> 50 BBL			
		Pump/Kill Truck Hourly <input type="checkbox"/> 130 BBL <input type="checkbox"/> 60-80 BBL <input type="checkbox"/> 50 BBL			
		Hot Oil Unit Minimum <input type="checkbox"/> 130 BBL <input type="checkbox"/> 75 BBL			
		Hot Oil Unit Hourly <input type="checkbox"/> 130 BBL <input type="checkbox"/> 75 BBL			
		Hot Oil by the BBL			
		Propane			
		Winch Truck Minimum <input type="checkbox"/> Light Duty <input type="checkbox"/> Heavy Duty			
		Winch Truck Hourly <input type="checkbox"/> Light Duty <input type="checkbox"/> Heavy Duty			
		Haul, Set & Deliver Equipment			
		<input type="checkbox"/> Swamper <input type="checkbox"/> Special Fluid Helper			
		Supervisor <input type="checkbox"/> Truck <input type="checkbox"/> Acid <input type="checkbox"/> Special Fluid			
		Fresh Water Key Owned			
		Fresh Water Non Key			
		Brine Water Key Owned			
		Brine Water Non Key			
		Disposal Key Owned <input type="checkbox"/> Solid <input type="checkbox"/> B/S			
		Disposal Non Key <input type="checkbox"/> Solid <input type="checkbox"/> B/S			
		Disposal Key Owned <input type="checkbox"/> Produced <input type="checkbox"/> Flowback			
		Disposal Non Key <input type="checkbox"/> Produced <input type="checkbox"/> Flowback			
		Third Party			
		KCL (Potassium Chloride) Powdered			
		KCL Substitute			
		KCL <input type="checkbox"/> 2% <input type="checkbox"/> 3% <input type="checkbox"/> 4% <input type="checkbox"/> Other			
		Chemicals - Specify:			
		FUEL <input type="checkbox"/> Fuel Surcharge <input type="checkbox"/> Fuel Charge			

Sales tax calculated on invoice

Sub Total
Sales Tax
TOTAL <u>280.00</u>

PAYROLL:

Class	Employee No.	Employee Name / Signature	Start	End	Work / Travel	Down	Other	Total Hours
DRIVER	42373	LUISA VILLACONER	9:30	1:00				3.5
HELPER		Luisa Villacomer						

No Signature Required

Key Energy Services, Inc.
TRUCKING, JSA
REMIT TO: PO BOX 201858 DALLAS, TX 75320-1858

Customer Name/No. Mardell Ross Petroleum County/Parish Wells State La
Contact: Andy Service Location Berger Battery #1 161 RD
Directions to Location
Yard No. 0321 Unit/Asset No. 0106319 Manufact. Peterson Energy Management, Inc.
SWD Name 0321 Key SWD 0106319 Loveland, CO 80537

WORK TICKET DESCRIPTION:

Start	End	Description	# BBL	Oil/Water	Rec'd By
7:30A	12:00P	Pull on five risers.	47		
Am	Om	Deliver liquids to disposal.			
		* Naproduct detected			
		* Odor of sewage present on south riser.			
Tank No.	Tank No.	Tank No.	Mileage Start	Mileage End	
Top Gauge	Top Gauge	Top Gauge			
Bottom Gauge	Bottom Gauge	Bottom Gauge	Ita	State	Ita

SAFETY EQUIPMENT REQUIRED TO DO THIS JOB:

- ☒ Hard Hat ☒ Safety Belts ☐ Safety Harness / Anti Fall Device ☐ Proper Clothing ☐ Hearing Protection
☐ Fire Extinguishers ☐ Steel Toed Boots ☐ Cotton / Rubber Gloves ☐ Safety Glasses ☐ Other - Explain:
☐ Face Shields / Goggles ☐ Wheel Chock/Cones ☐ Confined Space Permit ☐ Work Permit Required
☐ H2S / Tr-Monitors ☐ Back Support Belts ☐ Lock Out/Tag Out ☐ Ground Cable

PRE-JOB HAZARD ASSESSMENT:

Lifting	Hazards	Body Position/Movement	Environmental Condition
Manual Lifting (Body Position)	Proper Tool/Material Placement	Climbing	Body <input type="checkbox"/> Night <input type="checkbox"/> Clear
Mechanical Lifting Equipment	Hot/Cold Surface or Material	Pulling, Pushing	Drizzle <input type="checkbox"/> Humid <input type="checkbox"/> Rain <input type="checkbox"/>
Awkward Body Position	Inadequate Lighting	Bending	Ice <input type="checkbox"/> Snow <input type="checkbox"/> Dust <input type="checkbox"/> Fog <input type="checkbox"/>
Slip/Trip Potential	Fall Protection/Anchor Points	Twisting Motion	Temp <u>15</u> Degrees
Lifting w/Other Employees	Perch Points	Walking	Wind <u>5</u> mph
Proper Rigging Practices	Trenching/Excavation	Swinging	Chains Required <input type="checkbox"/>
Access/Exit	Hand and Finger Hazards	Straining	Sleep Grades <input type="checkbox"/>
Spot/hold (properly inspected)	Electrical Hazards	Stretching	Mud <input type="checkbox"/> Condition
Ladder	Welding/Flame Cutting	Reaching	IF YES to any HAZARDS - Identify:
Holding of Tools/Materials	Mechanical Equipment	Over Extending	
Secure Hoisting	Environmental	Jumping	
	Pollution (Personal Exposure)	Crawling	

SEQUENCE OF BASIC JOB STEPS	POTENTIAL AT-RISK BEHAVIORS OR OTHER HAZARDS	POTENTIAL HAND AND/OR FINGER HAZARDS	ACTION TAKEN TO ELIMINATE OR REDUCE POTENTIAL HAZARDS
1. Unload liquid from well	Heavy or bulky	Twisting from back	Use proper body position
2. Deliver liquid to disposal	Slippery surfaces	Slipping	Use proper body position

Key Approval - Date: 12-23-08 Kevin Goforth

Customer Approval - Date: 12-23-08



T1008261

Date: 12-22-08 Work Ticket No: 1008261
S M T W T F S

Asset	Service Code	Description	Qty	Rate	Total
		<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Trans/Vac <input type="checkbox"/> Vacuum			
		Minimum <input type="checkbox"/> 130 BBL <input type="checkbox"/> 60-80 BBL <input type="checkbox"/> 50 BBL			
0106319	300143	<input checked="" type="checkbox"/> Hour <input type="checkbox"/> Barrel <input type="checkbox"/> Load <input type="checkbox"/> 130 BBL <input type="checkbox"/> 60-80 BBL <input type="checkbox"/> 50 BBL	2 1/2	\$80.00	200.00
		Pump/Kill Truck Minimum <input type="checkbox"/> 130 BBL <input type="checkbox"/> 60-80 BBL <input type="checkbox"/> 50 BBL			
		Pump/Kill Truck Hourly <input type="checkbox"/> 130 BBL <input type="checkbox"/> 60-80 BBL <input type="checkbox"/> 50 BBL			
		Hot Oil Unit Minimum <input type="checkbox"/> 130 BBL <input type="checkbox"/> 75 BBL			
		Hot Oil Unit Hourly <input type="checkbox"/> 130 BBL <input type="checkbox"/> 75 BBL			
		Hot Oil by the BBL <input type="checkbox"/> 130 BBL <input type="checkbox"/> 75 BBL			
		Propane			
		Winch Truck Minimum <input type="checkbox"/> Light Duty <input type="checkbox"/> Heavy Duty			
		Winch Truck Hourly <input type="checkbox"/> Light Duty <input type="checkbox"/> Heavy Duty			
		Haul, Set & Deliver Equipment			
		<input type="checkbox"/> Swamper <input type="checkbox"/> Special Fluid Helper			
		Supervisor <input type="checkbox"/> Truck <input type="checkbox"/> Acid <input type="checkbox"/> Special Fluid			
		Fresh Water Key Owned			
		Fresh Water Non Key			
		Brine Water Key Owned			
		Brine Water Non Key			
		Disposal Key Owned <input type="checkbox"/> Solid <input type="checkbox"/> B/S			
		Disposal Non Key <input type="checkbox"/> Solid <input type="checkbox"/> B/S			
		Disposal Key Owned <input type="checkbox"/> Produced <input type="checkbox"/> Flowback			
		Disposal Non Key <input type="checkbox"/> Produced <input type="checkbox"/> Flowback			
		Third Party			
		KCL (Potassium Chloride) Powdered			
		KCL Substitute			
		KCL <input type="checkbox"/> 2% <input type="checkbox"/> 3% <input type="checkbox"/> 4% <input type="checkbox"/> Other			
		Chemicals - Specify:			
		FUEL <input type="checkbox"/> Fuel Surcharge <input type="checkbox"/> Fuel Charge			

Sales tax calculated on invoice

Sub Total	
Sales Tax	
TOTAL	200.00

PAYROLL:

Class	Employee No.	Employee Name / Signature	Start	End	Work	Travel	Down	Other	Total Hours
DRIVER	33205	Roger Butler	9:30A	12:00P					2 1/2
HELPER			Am	Pm					(2.5)

No Signature Required

Dupont, CO Fluid Services



Key Energy Services, Inc.
TRUCKING JSA
REMIT TO: PO BOX 201855 DALLAS, TX 75320-1855

Customer Name/No.	Mach 11 Ross Petroleum		County/Parish	Weld	State	Co
Contact	Andy		Service Location	Berger Battery		
Directions to Location						
Yard No.	0327	Unit/Asset No.	0106319	mail INVOICE to J Peterson Energy Management, Inc. 2154 W. Eisenhower Boulevard Loveland, CO 80537		
SWD Name	Key SWD					

WORK TICKET DESCRIPTION:

Start	End	Description	# BBL	Oil/Water	Rec'd By
1:30 PM	4:30 PM	Pull on five risers.	54		
4:30 PM		Deliver to disposal.			
* No product detected.					
Tank No.	Tank No.	Tank No.	Mileage Start	Mileage End	
Top Gauge	Top Gauge	Top Gauge	2848	2857	
Bottom Gauge	Bottom Gauge	Bottom Gauge	ftz	State	ftz

SAFETY EQUIPMENT REQUIRED TO DO THIS JOB:

- | | | | | |
|---|---|--|---|---|
| <input type="checkbox"/> Hard Hat | <input type="checkbox"/> Safety Belts | <input type="checkbox"/> Safety Harness / Anit Fall Device | <input type="checkbox"/> Proper Clothing | <input type="checkbox"/> Hearing Protection |
| <input type="checkbox"/> Fire Extinguishers | <input type="checkbox"/> Steel Toed Shoes | <input type="checkbox"/> Cotton/Rubber Gloves | <input type="checkbox"/> Safety Glasses | <input type="checkbox"/> Other - Explain: |
| <input type="checkbox"/> Face Shields / Goggles | <input type="checkbox"/> Knee/Chock/Canes | <input type="checkbox"/> Confined Space Permit | <input type="checkbox"/> Work Permit Required | |
| <input type="checkbox"/> H2S / Tilt Monitors | <input type="checkbox"/> Back Support Belts | <input type="checkbox"/> Lock Out/Tag Out | <input type="checkbox"/> Ground Cable | |

PRE-JOB HAZARD ASSESSMENT:

<p>Lifting</p> <p>Manual Lifting (Body Position) <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Mechanical Lifting Equipment <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Awkward Body Position <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Slip/Trip Potential <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Lifting w/Other Employees <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Proper Rigging Practices <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Access/Exit</p> <p>Scaffold (properly inspected) <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Ladder <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Holding of Tools/Materials <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Secure Footing <input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p>Hazards</p> <p>Proper Tool/Material Placement <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Hot/Cold Surface or Material <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Inadequate Lighting <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Fall Protection/Anchor Points <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Pinch Points <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Trenching/Excavation <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Hand and Finger Hazards <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Electrical Hazards <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Welding/Flame Cutting <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Mechanical Equipment <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Environmental Pollution (Personal Exposure) <input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p>Body Position/Movement</p> <p>Climbing <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Pulling, Pushing <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Bending <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Twisting Motion <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Walking <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Swinging <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Stretching <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Reaching <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Over Extending <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Jumping <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Crawling <input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p>Environmental Condition</p> <p><input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Clear</p> <p><input type="checkbox"/> Dry <input type="checkbox"/> Humid <input type="checkbox"/> Rain</p> <p><input type="checkbox"/> Ice <input type="checkbox"/> Snow <input type="checkbox"/> Dust <input type="checkbox"/> Fog</p> <p><input type="checkbox"/> Temp <input type="checkbox"/> Degrees</p> <p><input type="checkbox"/> Wind <input type="checkbox"/> mph</p> <p><input type="checkbox"/> Chains Required</p> <p><input type="checkbox"/> Steep Grades</p> <p><input type="checkbox"/> Mud <input type="checkbox"/> Condition</p> <p>IF YES to any HAZARDS - Identify:</p>
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SEQUENCE OF BASIC JOB STEPS	POTENTIAL AT-RISK BEHAVIORS OR OTHER HAZARDS	POTENTIAL HAND AND/OR FINGER HAZARDS	ACTION TAKEN TO ELIMINATE OR REDUCE POTENTIAL HAZARDS
1. Hauling to disposal	Heavy load on back	Heavy load on back	Use proper lifting technique
2. Hauling to disposal	Heavy load on back	Heavy load on back	Use proper lifting technique
3. Hauling to disposal	Heavy load on back	Heavy load on back	Use proper lifting technique

Key Approval - Date: 12-16-08

Customer Approval - Date:



T1008254

Date: 12-15-08 Work Ticket No T1008254
S T W T F S

Asset	Service Code	Description	Qty	Rate	Total
0106319	300143	Transport <input type="checkbox"/> Trans/Vac <input type="checkbox"/> Vacuum			
		Minimum <input type="checkbox"/> 130 BBL <input type="checkbox"/> 60-80 BBL <input type="checkbox"/> 50 BBL			
		Hour <input type="checkbox"/> Barrel <input type="checkbox"/> Load <input type="checkbox"/> 130 BBL <input type="checkbox"/> 60-80 BBL <input type="checkbox"/> 50 BBL	3	\$80.00	240.00
		Pump/Kill Truck Minimum <input type="checkbox"/> 130 BBL <input type="checkbox"/> 60-80 BBL <input type="checkbox"/> 50 BBL			
		Pump/Kill Truck Hourly <input type="checkbox"/> 130 BBL <input type="checkbox"/> 60-80 BBL <input type="checkbox"/> 50 BBL			
		Hot Oil Unit Minimum <input type="checkbox"/> 130 BBL <input type="checkbox"/> 75 BBL			
		Hot Oil Unit Hourly <input type="checkbox"/> 130 BBL <input type="checkbox"/> 75 BBL			
		Hot Oil by the BBL			
		Propane			
		Winch Truck Minimum <input type="checkbox"/> Light Duty <input type="checkbox"/> Heavy Duty			
		Winch Truck Hourly <input type="checkbox"/> Light Duty <input type="checkbox"/> Heavy Duty			
		Haul, Set & Deliver Equipment			
		Swamper <input type="checkbox"/> Special Fluid Helper			
		Supervisor <input type="checkbox"/> Truck <input type="checkbox"/> Acid <input type="checkbox"/> Special Fluid			
		Fresh Water Key Owned			
		Fresh Water Non Key			
		Brine Water Key Owned			
		Brine Water Non Key			
		Disposal Key Owned <input type="checkbox"/> Solid <input type="checkbox"/> B/S			
		Disposal Non Key <input type="checkbox"/> Solid <input type="checkbox"/> B/S			
		Disposal Key Owned <input type="checkbox"/> Produced <input type="checkbox"/> Flowback			
		Disposal Non Key <input type="checkbox"/> Produced <input type="checkbox"/> Flowback			
		Third Party			
		KCL (Potassium Chloride) Powdered			
		KCL Substitute			
		KCL <input type="checkbox"/> 2% <input type="checkbox"/> 3% <input type="checkbox"/> 4% <input type="checkbox"/> Other			
		Chemicals - Specify:			
		FUEL <input type="checkbox"/> Fuel Surcharge <input type="checkbox"/> Fuel Charge			

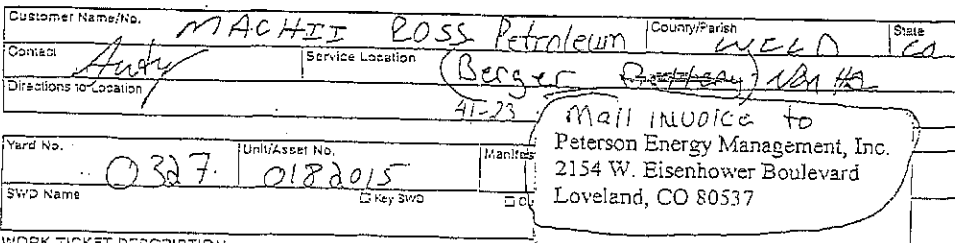
Sales tax calculated on invoice

Sub Total
Sales Tax
TOTAL 240.00

PAYROLL: (33205)

Class	Employee No.	Employee Name / Signature	Start	End	Work	Travel	Down	Other	Total Hours
DRIVER	33205	Roger Fowler	1:30 PM	4:30 PM					3
HELPER									

No Signature Required



Mail INVOICE to
Peterson Energy Management, Inc.
2154 W. Eisenhower Boulevard
Loveland, CO 80537

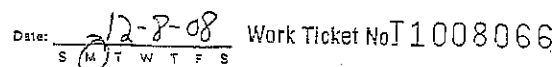
WORK TICKET DESCRIPTION:						
Start	End	Description	# BBL	Oil/Water	Rec'd By	
10:00 AM	1:30 PM	Drove to location Hooked up pumper pits. SS ONCE Drove to disposal ca. Disposed and Drove to Yard.	55	H ₂ O		
Tank No.	Tank No.	Tank No.	Mileage Start	Mileage End		
Top Gauge	Top Gauge	Top Gauge				
Bottom Gauge	Bottom Gauge	Bottom Gauge	Lbs _____ State	Lbs _____ State		

☐ Hard Hat ☒ Safety Belts ☐ Safety Harness / Anti Fall Device ☐ Proper Clothing ☐ Hearing Protection
☐ Fire Extinguishers ☒ Steel Toed Boots ☐ Chisel / Rubber Gloves ☐ Safety Glasses ☐ Other - Explain: _____
☐ Face Shields / Goggles ☐ Wheel Chock/Cones ☐ Confined Space Permit ☐ Work Permit Required
☐ H2S / Tri-Monitors ☐ Back Support Belts ☐ Lock Out/Tag Out ☐ Ground Cable _____

Lifting				Hazards				Body Position/Movement				Environmental Condition				
Manual Lifting (Body Position)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper Tool/Material Placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Day	<input type="checkbox"/>	Night	<input type="checkbox"/>	Clear
Mechanical Lifting Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot/Cold Surface of Material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pulling, Pushing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Drizzle	<input type="checkbox"/>	Humid	<input type="checkbox"/>	Rain
Awkward Body Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unadequate Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bending	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ice	<input checked="" type="checkbox"/>	Snow	<input type="checkbox"/>	Fog
Slip/Trip Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fall Protection/Anchor Points	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Twisting Motion	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Temp	<u>45</u>	Degrees		
Lifting w/Other Employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pinch Points	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wind		mph		
Proper Rigging Practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trenching/Excavation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swinging	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Obstacles Required	<input type="checkbox"/>			
Access/Exit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hand and Finger Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Straining	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Steep Grades	<input type="checkbox"/>			
Scaffold (Properly Inspected)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Screwing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mud	<input type="checkbox"/>			Condition
Ladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Welding/Flame Cutting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reaching	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If YES to any HAZARDS - Identify:				
Hoisting of Tools/Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mechanical Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Over Extending	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
Secure Flooring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Environmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jumping	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
				Pollution (Personal Exposure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					

SEQUENCE OF BASIC JOB STEPS	POTENTIAL AT-RISK BEHAVIORS OR OTHER HAZARDS	POTENTIAL HAND AND/OR FINGER HAZARDS	ACTION TAKEN TO ELIMINATE OR REDUCE POTENTIAL HAZARDS
Handled up let Pumping	51-115	Pinch Hazards	used core Pt.
Displaced	51-115	—	vented tank

Key Approval - Date: 12-9-08 Customer Approval - Date: _____

[illegible]

Sales tax calculated on invoice

Sub Total	
Sales Tax	
TOTAL	286m

Class	Employee No.	Employee Name / Signature	Start	End	Work	Travel	Down	Other	Total Hours
DRIVER	49998	MATTHEW IDWASERO	10:00	1:30					3.5
HELPER			Am	Pm					

☒ No Signature Required



Customer Name/No.		County/Parish		State
Contact <i>Andy</i>		Service Location <i>Gregg County Monticello</i>		<i>Weld CO</i>
Directions to Location <i>47-23</i>				
Var. No.	Unit/Asset No.	Mailing Address		
<i>0327</i>	<i>0185247</i>	Mail Invoice to Peterson Energy Management, Inc. 2154 W. Eisenhower Boulevard Loveland, CO 80537.		
SWD Name		SWD		
<i>GD</i>		<i>0185247</i>		

Start	End	Description	# Bbl.	Oil/Water	Rec'd By
6:30	10:30	Drive to location Pumped p.t.s	60	Bbl	
Am	Am	Drive to disposal and disposed			
		and Drive to yard.			

Tank No.	Tank No.	Tank No.	Mileage Start	Mileage End
Top Gauge	Top Gauge	Top Gauge		
Bottom Gauge	Bottom Gauge	Bottom Gauge	Ita _____ State	Ita _____ State

<input type="checkbox"/> Hard Hat	<input checked="" type="checkbox"/> Safety Belts	<input checked="" type="checkbox"/> Safety Harness / Anll Fall Device	<input checked="" type="checkbox"/> Proper Clothing	<input type="checkbox"/> Hearing Protection
<input checked="" type="checkbox"/> Fire Extinguishers	<input checked="" type="checkbox"/> Steel Toad Boots	<input checked="" type="checkbox"/> Concoy/ Rubber Gloves	<input checked="" type="checkbox"/> Safety Glasses	<input type="checkbox"/> Other - Explain:
<input checked="" type="checkbox"/> Face Shields / Goggles	<input checked="" type="checkbox"/> Wneet Chock/Cones	<input checked="" type="checkbox"/> Confined Space Permit	<input checked="" type="checkbox"/> Work Permit Required	
<input checked="" type="checkbox"/> H2S / Tri-Monitors	<input checked="" type="checkbox"/> Back Support Belts	<input checked="" type="checkbox"/> Leak Out Tag Out	<input checked="" type="checkbox"/> Ground Cable	

Lifting				Hazards				Body Position/Movement				Environmental Condition			
Manual Lifting (Body Position)	Y	Y	N	Proper Tool/Material Placement	Y	Y	N	Climbing	Y	Y	N	Day	<input type="checkbox"/> Night	<input type="checkbox"/> Clear	
Mechanical Lifting Equipment	Y	Y	N	Hot/Cold Surface of Material	Y	Y	N	Pulling, Pushing	Y	Y	N	Dry	<input type="checkbox"/> Humid	<input type="checkbox"/> Rain	
Awkward Body Position	Y	Y	N	Inadequate Lighting	Y	Y	N	Bending	Y	Y	N	Ice	<input type="checkbox"/> Snow	<input type="checkbox"/> Dust	
Slip/Trip Potential	Y	Y	N	Fall Protection/Anchor Points	Y	Y	N	Twisting Motion	Y	Y	N	Temp	50	Degrees	
Lifting w/Other Employees	Y	Y	N	Pinch Points	Y	Y	N	Wearing	Y	Y	N	Wind		mph	
Proper Rigging Practices	Y	Y	N	Tranching/Excavation	Y	Y	N	Swinging	Y	Y	N	Chairs Required			
				Hand and Finger Hazards	Y	Y	N	Straining	Y	Y	N	Steep Grades			
				Electrical Hazards	Y	Y	N	Stretching	Y	Y	N	Mud		Condition	
Access/Exit				Welding/Flame Cutting	Y	Y	N	Reaching	Y	Y	N				
Staircase (Properly Inspected)	Y	Y	N	Mechanical Equipment	Y	Y	N	Over Extending	Y	Y	N				
Ladder	Y	Y	N	Environmental				Jumping	Y	Y	N				
Holding of Tools/Materials	Y	Y	N	Pollution (Personal Exposure)	Y	Y	N	Crawling	Y	Y	N				
Secure Fastenings	Y	Y	N												

II YES to any HAZARDS - Identify: _____

SEQUENCE OF BASIC JOB STEPS	POTENTIAL ATRISA BEHAVIORS OR OTHER HAZARDS	POTENTIAL HAND AND/OR FINGER HAZARDS	ACTION TAKEN TO ELIMINATE OR REDUCE POTENTIAL HAZARDS
Dumped Pits	S. I. E.	PINCH Fingers	Used Rubber Footing
Disposed	S.P. 113.	—	Used Rubber Footing

Key Approval - Date: 12-2-08

Customer Approval - Date: _____




T1008057

Date: 12-1-08
S M T W T F S

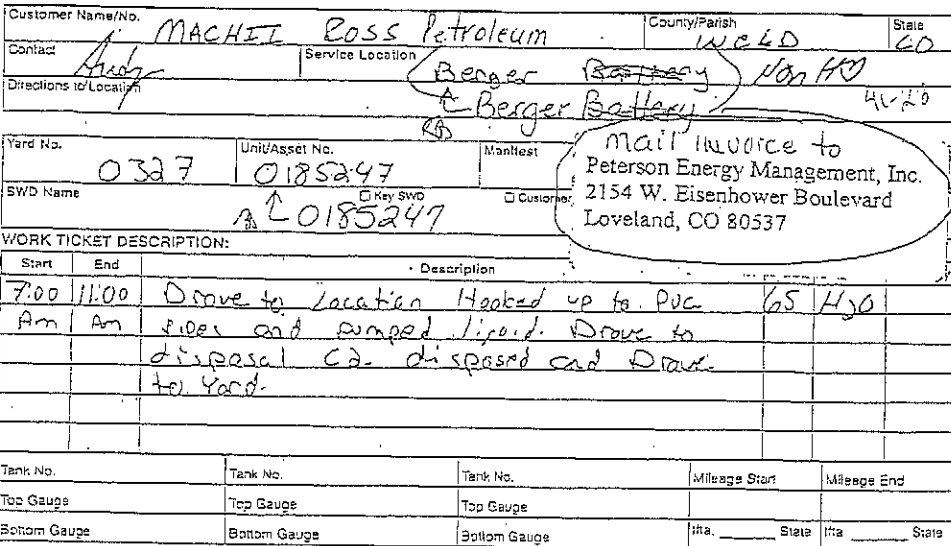
Work Ticket No. 1008057

[illegible]

Class	Employee No.	Employee Name / Signature	Start	End	Work	Travel	Down	Other	Total Hours
DRIVER	49998	MICHAEL TINASERO	6:30	10:30					4.0
HELPER			Am	Am					

☐ No Signature Required

247-525 4628

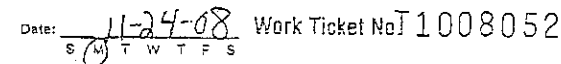


☐ Hard Hat ☒ Safety Belts ☒ Safety Harness / Anti Fall Device ☐ Proper Clothing ☐ Hearing Protection
☐ Fire Extinguishers ☒ Steel Toed Boots ☒ Cotton/ Rubber Gloves ☒ Safety Glasses ☐ Other - Explain: _____
☐ Face Shields / Goggles ☒ Wheel Chock/Cones ☐ Confined Space Permit ☐ Work Permit Required
☒ H2S / Tri-Monitors ☒ Back Support Belts ☒ Lock Out/Tag Out ☒ Ground Cable

Lifting				Hazards				Body Position/Movement				Environmental Condition			
Manual Lifting (Body Position)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper Tool/Material Placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Day	<input type="checkbox"/>	Night	<input type="checkbox"/>
Mechanical Lifting Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot/Cold Surface or Material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pushing, Pulling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dry	<input type="checkbox"/>	Humid	<input type="checkbox"/>
Awkward Body Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inadequate Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swinging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ice	<input type="checkbox"/>	Snow	<input type="checkbox"/>
Slip/Trip Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fall Protection/Anchor Points	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Twisting Motion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Temp	<u>40</u>	Degrees	<input type="checkbox"/>
Lifting w/Other Employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pinch Points	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wind	<u>0</u>	mph	<input type="checkbox"/>
Proper Rigging Practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trenching/Excavation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swinging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chairs Required	<input type="checkbox"/>		
				Hand and Finger Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Straining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sleep Grades	<input type="checkbox"/>		
Access/Esc				Electrical Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stretching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mud	<u> </u>	Condition	
Scissor (properly inspected)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Welding/Flame Cutting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If YES to any HAZARDS - Identify:			
Ladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mechanical Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Over Extending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Hoisting of Tools/Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Environmental				Jumping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Secure Footing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pollution (Personal Exposure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

SEQUENCE OF BASIC JOB STEPS	POTENTIAL AT-RISK BEHAVIORS OR OTHER HAZARDS	POTENTIAL HAND AND/OR FINGER HAZARDS	ACTION TAKEN TO ELIMINATE OR REDUCE POTENTIAL HAZARDS
Pumped liquid.	3. T.F.	PINCH fingers.	kept fingers out of flow.
Disposed.	SAVES	—	vented tank.

Customer Approval - Date:



Asset	Service Code	Description	Qty	Rate	Total
		<input type="checkbox"/> Transport <input type="checkbox"/> Trans/Vac <input type="checkbox"/> Vacuum			
		Minimum <input type="checkbox"/> 130 BBL <input type="checkbox"/> 60-80 BBL <input type="checkbox"/> 50 BBL			
0185247300143		<input checked="" type="checkbox"/> Hour <input type="checkbox"/> Barrel <input type="checkbox"/> Load <input type="checkbox"/> 130 BBL <input type="checkbox"/> 60-80 BBL <input type="checkbox"/> 50 BBL	4	80.00	320.00
		Pump/Kill Truck Minimum <input type="checkbox"/> 130 BBL <input type="checkbox"/> 60-80 BBL <input type="checkbox"/> 50 BBL			
		Pump/Kill Truck Hourly <input type="checkbox"/> 130 BBL <input type="checkbox"/> 60-80 BBL <input type="checkbox"/> 50 BBL			
		Hot Oil Unit Minimum <input type="checkbox"/> 130 BBL <input type="checkbox"/> 75 BBL			
		Hot Oil Unit Hourly <input type="checkbox"/> 130 BBL <input type="checkbox"/> 75 BBL			
		Hot Oil by the BBL			
		Propane			
		Winch Truck Minimum <input type="checkbox"/> Light Duty <input type="checkbox"/> Heavy Duty			
		Winch Truck Hourly <input type="checkbox"/> Light Duty <input type="checkbox"/> Heavy Duty			
		Haul, Set & Deliver Equipment			
		<input type="checkbox"/> Swamper <input type="checkbox"/> Special Fluid Helper			
		Supervisor <input type="checkbox"/> Truck <input type="checkbox"/> Acid <input type="checkbox"/> Special Fluid			
		Fresh Water Key Owned			
		Fresh Water Non Key			
		Brine Water Key Owned			
		Brine Water Non Key			
		Disposal Key Owned <input type="checkbox"/> Solid <input type="checkbox"/> S/S			
		Disposal Non Key <input type="checkbox"/> Solid <input type="checkbox"/> S/S			
		Disposal Key Owned <input type="checkbox"/> Produced <input type="checkbox"/> Flowback			
		Disposal Non Key <input type="checkbox"/> Produced <input type="checkbox"/> Flowback			
		Third Party			
		KCL (Potassium Chloride) Powdered			
		KCL Substitute			
		KCL <input type="checkbox"/> 2% <input type="checkbox"/> 3% <input type="checkbox"/> 4% <input type="checkbox"/> Other			
		Chemicals - Specify:			
0185247300700	FUEL	<input checked="" type="checkbox"/> Fuel Surcharge <input type="checkbox"/> Fuel Charge	4	8.32	33.28
Sales tax calculated on invoice			Sub Total		
			Sales Tax		
			TOTAL		353.28

Class	Employee No.	Employee Name / Signature	Start	End	Work	Travel	Down	Other	Total Hours
DRIVER	49998	MIGUEL TINASERO	7:00	11:00					4.0
HELPER			Am	Am					

☒ No Signature Required

Lupton, CO Fluid Services
Key Energy Services, Inc.
 TRUCKING JSA
 REMIT TO: PO BOX 201858 DALLAS, TX 75320-1858

(mail invoice) Peterson Energy Management, Inc.
 to → 2154 W. Eisenhower Boulevard
 Loveland, CO 80537



Date: 11-17-08 Work Ticket No. 11007784
 S M T W T F S

Customer Name/No. **MACH II ROSS Petroleum Co.** County/Parish **WELD** State **CO**
 Contact **Andy** Service Location **BERGER BATTERY**
 Directions to Location **1 Berger Battery 41-23**

Yard No. **0327** Unit/Asset No. **0164520** Manifest **096137**
 SWD Name **Key SWD** Disposal Ticket No. **096137**

WORK TICKET DESCRIPTION:

Start	End	Description	# BBL Oil/Water	Rec'd By
9:30 AM	1:30 PM	PULLED ON 5 RAISERS DELIVERED TO CONQUEST	65 W	

Tank No.	Tank No.	Tank No.	Mileage Start	Mileage End
Top Gauge	Top Gauge	Top Gauge		
Bottom Gauge	Bottom Gauge	Bottom Gauge		

SAFETY EQUIPMENT REQUIRED TO DO THIS JOB:

- ☒ Hard Hat ☒ Safety Belts ☐ Safety Harness / Anti Fall Device ☒ Proper Clothing ☒ Hearing Protection
☒ Fire Extinguishers ☒ Steel Toed Boots ☐ Concho / Rubber Gloves ☒ Safety Glasses ☐ Other - Explain:
☐ Face Shields / Goggles ☒ Wheel Chock/Cones ☐ Confined Space Permit ☐ Work Permit Required
☐ H2S / Tri-Monitors ☐ Back Support Belts ☐ Lock Out/Tag Out ☒ Ground Cable

PRE-JOB HAZARD ASSESSMENT:

Lifting: Manual Lifting (Body Position) ☐ Y ☐ N Proper Tool/Material Placement ☐ Y ☐ N Body Position/Movement ☐ Y ☐ N Environmental Condition ☐ Day ☐ Night ☒ Clear
 Mechanical Lifting Equipment ☐ Y ☐ N Hot/Cold Surface or Material ☐ Y ☐ N Climbing ☐ Y ☐ N Drizzle ☐ Humid ☐ Rain
 Awkward Body Position ☐ Y ☐ N Inadequate Lighting ☐ Y ☐ N Blending ☐ Y ☐ N Ice ☐ Snow ☐ Dust ☐ Fog
 Slip/Trip Potential ☒ Y ☐ N Fall Protection/Anchor Points ☐ Y ☐ N Twisting Motion ☐ Y ☐ N Temp **55** Degrees
 Lifting w/Other Employees ☐ Y ☐ N Pinch Points ☐ Y ☐ N Walking ☐ Y ☐ N Wind **25** mph
 Proper Rigging Practices ☐ Y ☐ N Trenching/Excavation ☐ Y ☐ N Swinging ☐ Y ☐ N Chains Required ☐ Y ☐ N
 Access/Exit: Hand and Finger Hazards ☐ Y ☐ N Straining ☐ Y ☐ N Steep Grades ☐ Y ☐ N
 Scaffold (properly inspected) ☐ Y ☐ N Electrical Hazards ☐ Y ☐ N Stretching ☐ Y ☐ N Mud ☐ Y ☐ N Condition
 Ladder ☐ Y ☐ N Welding/Flame Cutting ☐ Y ☐ N Reaching ☐ Y ☐ N If YES to any HAZARDS - Identify:
 Hoisting of Tools/Materials ☐ Y ☐ N Mechanical Equipment ☐ Y ☐ N Over Extending ☐ Y ☐ N
 Secure Footing ☐ Y ☐ N Environmental ☐ Y ☐ N Jumping ☐ Y ☐ N
 Pollution (Personal Exposure) ☐ Y ☐ N Crawling ☐ Y ☐ N

SEQUENCE OF BASIC JOB STEPS	POTENTIAL AT-RISK BEHAVIORS OR OTHER HAZARDS	POTENTIAL HAND AND/OR FINGER HAZARDS	ACTION TAKEN TO ELIMINATE OR REDUCE POTENTIAL HAZARDS
DRIVE IN	THREAT SPOT		USE CAUTION
SET UP HOSE	TRIPPING HAZARDS		USE CAUTION
LOADING	HIGH RISE LEVEL		USE CAREFUL
UNLOADING	FIRE POTENTIAL		GROUND TRUCK

Key Approval - Date: 11-18-08

Customer Approval - Date:

Asset	Service Code	Description	Qty	Rate	Total
0164520	300143	<input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Trans/Vac <input type="checkbox"/> Vacuum Minimum <input type="checkbox"/> 130 BBL <input checked="" type="checkbox"/> 60-80 BBL <input type="checkbox"/> 50 BBL <input checked="" type="checkbox"/> Hour <input type="checkbox"/> Barrel <input type="checkbox"/> Load <input type="checkbox"/> 130 BBL <input type="checkbox"/> 60-80 BBL <input type="checkbox"/> 50 BBL Pump/Kill Truck Minimum <input type="checkbox"/> 130 BBL <input type="checkbox"/> 60-80 BBL <input type="checkbox"/> 50 BBL Pump/Kill Truck Hourly <input type="checkbox"/> 130 BBL <input type="checkbox"/> 60-80 BBL <input type="checkbox"/> 50 BBL Hot Oil Unit Minimum <input type="checkbox"/> 130 BBL <input type="checkbox"/> 75 BBL Hot Oil Unit Hourly <input type="checkbox"/> 130 BBL <input type="checkbox"/> 75 BBL Hot Oil by the BBL Propane Winch Truck Minimum <input type="checkbox"/> Light Duty <input type="checkbox"/> Heavy Duty Winch Truck Hourly <input type="checkbox"/> Light Duty <input type="checkbox"/> Heavy Duty Haul, Set & Deliver Equipment <input type="checkbox"/> Swamper <input type="checkbox"/> Special Fluid Helper Supervisor <input type="checkbox"/> Truck <input type="checkbox"/> Acid <input type="checkbox"/> Special Fluid Fresh Water Key Owned Fresh Water Non Key Brine Water Key Owned Brine Water Non Key Disposal Key Owned <input type="checkbox"/> Solid <input type="checkbox"/> S/S Disposal Non Key <input type="checkbox"/> Solid <input type="checkbox"/> B/S Disposal Key Owned <input type="checkbox"/> Produced <input type="checkbox"/> Flowback Disposal Non Key <input type="checkbox"/> Produced <input type="checkbox"/> Flowback Third Party KCL (Potassium Chloride) Powdered KCL Substitute KCL <input type="checkbox"/> 2% <input type="checkbox"/> 3% <input type="checkbox"/> 4% <input type="checkbox"/> Other Chemicals - Specify:	4.0	80.00	320.00
0164520	505700	FUEL <input checked="" type="checkbox"/> Fuel Surcharge <input type="checkbox"/> Fuel Charge	4.0	8.94	35.76
Sales tax calculated on invoice					
Sub Total					
Sales Tax					
TOTAL					355.76

PAYROLL:

Class	Employee No.	Employee Name / Signature	Start	End	Work	Travel	Down	Other	Total Hours
DRIVER	42373	Luisa Villagomez	9:30 AM	1:30 PM					4.0
HELPER		Luisa Villagomez	9:30 AM	1:30 PM					4.0

No Signature Required



TRUCKING JSA

REMIT TO: PO BOX 201858 DALLAS, TX 75320-1858

Customer Name/No.		MACHIE ROSS Petroleum		County/Parish	WELD	State	CO
Contact	Andy	Service Location		Berger Battery North			
Directions to Location		41-23 mail-invoice to Peterson Energy Management, Inc. 2154 W. Eisenhower Boulevard Loveland, CO 80537					
Yard No.	0327	Unit/Asset No.	0185247	Manifest			
SWD Name		<input type="checkbox"/> Key SWD		<input type="checkbox"/> Customer			

WORK TICKET REQUIRED

WORK TICKET DESCRIPTION:

Start	End	Description	# BBL	Oil/Water	Rec'd By
8:30 AM	12:30 PM	Drove to location. Pumped pits. Drove to Disposal company #2.	70	H ₂ O	
		Disposed. Drove to yard.			
Tank No.	Tank No.	Tank No.	Mileage Start	Mileage End	
Top Gauge	Top Gauge	Top Gauge			
Bottom Gauge	Bottom Gauge	Bottom Gauge	this _____ State	this _____ State	

SAFETY EQUIPMENT REQUIRED TO DO THIS JOB:

- ☐ Fire Extinguishers ☐ Safety Belts ☐ Safety Harness / Anti Fall Device ☐ Proper Clothing ☐ Hearing Protection
☐ Face Shields / Goggles ☐ Steel Toed Boots ☐ Cotton / Rubber Gloves ☐ Safety Glasses ☐ Other - Explain:
☐ H2S / Tri-Monitors ☐ Neck Shock/Cones ☐ Confined Space Permit ☐ Work Permit Required
☐ ☐ Back Support Belts ☐ Lock Out/Tag Out ☐ Ground Cable

PRE-JOB HAZARD ASSESSMENT

HAZARD ASSESSMENT																	
Lifting				Hazards				Body Position/Movement				Environmental Condition					
Manual Lifting (Body Position)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper Tool/Material Placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Lifting Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot/Cold Surface or Material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pulling, Pushing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Awkward Body Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inadequate Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skip/Trip Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fall Protection/Anchor Points	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Twisting Motion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting w/Other Employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pinch Points	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Rigging Practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trenching/Excavation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swinging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access/Exit				Hand and Finger Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Straitening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scaffold (properly inspected)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stretching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Welding/Flame Cutting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hoisting of Tools/Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mechanical Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Over Extending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secure Pooling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Environmental				Jumping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Pollution (Personal Exposure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										If YES to any HAZARDS - Identify: _____							

SEQUENCE OF BASIC JOB STEPS	POTENTIAL AT-RISK BEHAVIORS OR OTHER HAZARDS	POTENTIAL HAND AND/OR FINGER HAZARDS	ACTION TAKEN TO ELIMINATE OR REDUCE POTENTIAL HAZARDS
Wipe up P.T.s.	S.T.P.	Smash Fingers.	Keep fingers out of harm.
Disposed.	SPILL.		Use foot for it.

Kevin Goforth

Key Approval - Date:

Customer Approval - Date:




T1007730

Date: 11-10-08 Work Ticket No: 1007730
S M T W T F S

Assnt	Service Code	Description	Cty	Rate	Total				
		<input type="checkbox"/> Transport <input type="checkbox"/> Trans/Vac <input type="checkbox"/> Vacuum							
		Minimum <input type="checkbox"/> 130 BBL <input type="checkbox"/> 60-80 BBL <input type="checkbox"/> 50 BBL							
0185297	300145	<input checked="" type="checkbox"/> Hour <input type="checkbox"/> Barrel <input type="checkbox"/> Load <input type="checkbox"/> 130 BBL <input type="checkbox"/> 60-80 BBL <input type="checkbox"/> 50 BBL	4	80.00	320.00				
		Pump/Kill Truck Minimum <input type="checkbox"/> 130 BBL <input type="checkbox"/> 60-80 BBL <input type="checkbox"/> 50 BBL							
		Pump/Kill Truck Hourly <input type="checkbox"/> 130 BBL <input type="checkbox"/> 60-80 BBL <input type="checkbox"/> 50 BBL							
		Hot Oil Unit Minimum <input type="checkbox"/> 130 BBL <input type="checkbox"/> 75 BBL							
		Hot Oil Unit Hourly <input type="checkbox"/> 130 BBL <input type="checkbox"/> 75 BBL							
		Hot Oil by the BBL							
		Propane							
		Winch Truck Minimum <input type="checkbox"/> Light Duty <input type="checkbox"/> Heavy Duty							
		Winch Truck Hourly <input type="checkbox"/> Light Duty <input type="checkbox"/> Heavy Duty							
		Haul, Set & Deliver Equipment							
		<input type="checkbox"/> Swamper <input type="checkbox"/> Special Fluid Helper							
		Supervisor <input type="checkbox"/> Truck <input type="checkbox"/> Acid <input type="checkbox"/> Special Fluid							
		Fresh Water Key Owned							
		Fresh Water Non Key							
		Brine Water Key Owned							
		Brine Water Non Key							
		Disposal Key Owned <input type="checkbox"/> Solid <input type="checkbox"/> S/S							
		Disposal Non Key <input type="checkbox"/> Solid <input type="checkbox"/> S/S							
		Disposal Key Owned <input type="checkbox"/> Produced <input type="checkbox"/> Flowback							
		Disposal Non Key <input type="checkbox"/> Produced <input type="checkbox"/> Flowback							
		Third Party							
		KCL (Potassium Chloride) Powdered							
		KCL Substitute							
		KCL <input type="checkbox"/> 2% <input type="checkbox"/> 3% <input type="checkbox"/> 4% <input type="checkbox"/> Other							
		Chemicals - Specify:							
0185297	300700	FUEL <input checked="" type="checkbox"/> Fuel Surcharge <input type="checkbox"/> Fuel Charge	4	95.36	381.36				
Sales tax calculated on invoice									
				Sub Total					
				Sales Tax					
				TOTAL	358.36				
PAYROLL:									
Class	Employee No.	Employee Name / Signature	Start	End	Work	Travel	Down	Other	Total Hours
DRIVER	49998	MIGUEL TINAJERO	8:30	12:30					4.0
HELPER			Am	pm					

PAYROLL:

Class	Employee No.	Employee Name / Signature	Start	End	Work	Travel	Down	Other	Total Hours
DRIVER	49998	MIGUEL TINAJERO	8:30	12:30					4.0
HELPER			Am	pm					

☒ No Signature Required

• 24YF225 4/2

REMIT TO: PO BOX 201555 DALLAS, TX 75320-1555

Customer Approval - Date:

PAYROLL: (50492)		(8:30 AM - 1:30 PM)		TOTAL		319.52	
Class	Employee No.	Employee Name / Signature	Start	End	Work	Travel	Down
DRIVER	50492	David Fishman	8:30 AM	1:30 PM	3.5		1.50
HELPER		David Fishman	8:30 AM	1:30 PM			

☒ No Signature Required

Water Disposal Ticket

KEY ENERY SERVICES
MACHII-ROSS PETROLEUM CO.

90202B0016

WELL	BBL PROD	BBL FLOW	D
BERGER 32-23C-MACHI		17	
BERGER 41-23 1-MACHI		17	
BERGER 42-23C-MACHI		17	

0 51

51

24423

Transporter: RS
Operator: _____
Conquest Emp: JA

Water Disposal Ticket

KEY ENERY SERVICES
MACHII-ROSS PETROLEUM CO.

90223B0007

WELL	BBL PROD	BBL FLOW	D
BERGER 32-23C-MACHI	0	17	
BERGER 41-23 1-MACHI	0	17	
BERGER 42-23C-MACHI	0	17	

0 51

51

28731

Transporter: RS
Operator: _____
Conquest Emp: SM

Water Disposal Ticket

KEY ENERY SERVICES
MACHII-ROSS PETROLEUM CO.

90216B0020

WELL	BBL PROD	BBL FLOW
BERGER 32-23C-MACHI		17
BERGER 41-23 1-MACHI		17
BERGER 42-23C-MACHI		17

0 51

51

27286

Transporter: RS
Operator: _____
Conquest Emp: SM

B 096765

1000 W. 20th St., Suite B
 Greeley, CO 80634
 303-654-0880 970-356-5560

Water Disposal Ticket

OGCC #:	LEASE/WELL NO.:	# BBLs. PROD.WTR.	# BBLs. FLOWBACK	# BBLs. OTHER
	Baker Battery			60
	WFB			
	Pumpjack B			
	TOTAL:			60

SIGNATURES → DRIVER: _____

→ OIL CO. REPRESENTATIVE: _____

→ CONQUEST DISPOSAL: _____

DISTRIBUTION:

WHITE: Conquest Office

CANARY: Oil Company

PINK: Transporter

MARGUM MIDSTREAM 1995-2 BUSINESS TRUST
dba CONQUEST DISPOSAL SERVICE - SWD #2-28

B 097128

8207 W. 20th St., Suite B
Greeley, CO 80634
303-654-0880 970-356-5560

Water Disposal Ticket

DATE: 12-8-08		TRANSPORTER: KFG	
OIL CO.: MAC HILL ROSS			
OGCC #:	LEASE/WELL NO.:	# BBLs. PROD.WTR.	# BBLs. FLOWBACK
	Reaper Battery		55
			{
			55
TOTAL:			

SIGNATURES → DRIVER: _____

→ OIL CO. REP: _____

→ CONQUEST DISPOSAL: _____

DISTRIBUTION:

WHITE: Conquest Office

CANARY: Oil Company

PINK: Transporter

B 097463

Water Disposal Ticket

DATE: 12-15-08	TRANSPORTER: Key																			
OIL CO.: Mackinac Power																				
LEASE/WELL NO.:	<table border="1"> <thead> <tr> <th># BBLS. PROD.WTR.</th> <th># BBLS. FLOWBACK</th> <th># BBLS. OTHER</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>54</td> </tr> <tr> <td></td> <td></td> <td rowspan="5">}</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>TOTAL:</td> <td>54</td> </tr> </tbody> </table>	# BBLS. PROD.WTR.	# BBLS. FLOWBACK	# BBLS. OTHER			54			}									TOTAL:	54
# BBLS. PROD.WTR.	# BBLS. FLOWBACK	# BBLS. OTHER																		
		54																		
		}																		
TOTAL:	54																			

SIGNATURES → DRIVER: [Signature]
→ OIL CO. REP.: _____
→ CONQUEST DISPOSAL: _____

DISTRIBUTION: WHITE: Conquest Office CANARY: Oil Company PINK: Transporter

B 097710

Water Disposal Ticket

DATE: 12-22-08		TRANSPORTER: Kary	
OIL CO.: Mack H. Pies			
LEASE/WELL NO.:	# BBLs. PROD.WTR.	# BBLs. FLOWBACK	# BBLs. OTHER
Borgas battery #1			47
			}
TOTAL:			47

SIGNATURES → DRIVER: [Signature]
→ OIL CO. REP: [Signature]
→ CONQUEST DISPOSAL: _____

DISTRIBUTION: WHITE: Conquest Office CANARY: Oil Company PINK: Transporter

B 097951

Water Disposal Ticket

SIGNATURES → DRIVER: [Signature]
→ OIL CO. REP.: _____
→ CONQUEST DISPOSAL: _____

DISTRIBUTION: WHITE: Conquest Office CANARY: Oil Company PINK: Transporter

B 0006324

Greeley, CO: 80634

303-654-0880 970-356-5560

OGCC #:

DATE: 1-12-09

TRANSPORTER:

OIL CO.:

LEASE/WELL NO.:

BBL.S.
PROD.WTR.# BBLs.
FLOWBACK# BBLS.
OTHER

Baran baltine #1

49

TOTAL:

SIGNATURES

→ DRIVER:

→ OIL CO. REP.:

→ CONQUEST DISPOSAL:

DISTRIBUTION:

WHITE: Conquest Office

CANARY: Oil Company

PINK: Transporter

Water Disposal Ticket

KEY ENERGY SERVICES
MACHII-ROSS PETROLEUM CO.

90126B0003

WELL	BBL PROD	BBL FLOW	D
BERGER 41-23 1-MACHI	19	55	
" 32-23C	18		
" 42-23C	0.8	55	

22873

55

Transporter:

Operator:

Conquest Emp

X/SO

Water Disposal Ticket

KEY ENERY SERVICES
MACHII-ROSS PETROLEUM CO.

90316B0012

WELL	BBL PROD	BBL FLOW	D
BERGER 41-23 1-MACHI		65	
	0	65	

32294

65

Transporter:

Operator:

Conquest Emp:

SM

Water Disposal Ticket

KEY ENERY SERVICES
MACHII-ROSS PETROLEUM CO.

90330B0024

WELL	BBL PROD	BBL FLOW	D
BANGERT POOL 41&42 Berger 41-23		60	
	0	60	

4832

60

Transporter:

Operator:

Conquest Emp:

L.V.

Water Disposal Ticket

KEY ENERY SERVICES
MACHII-ROSS PETROLEUM CO.

90309B0005

WELL	BBL PROD	BBL FLOW	D
BERGER 32-23C-MACHI		19	
BERGER 41-23 1-MACHI		19	
BERGER 42-23C-MACHI		20	
	0	58	

31068

58

Transporter:

Operator:

Conquest Emp:

RJ

CG

Water Disposal Ticket

KEY ENERY SERVICES
MACHII-ROSS PETROLEUM CO.

90323B0019

WELL	BBL PROD	BBL FLOW	D
BERGER 41-23 1-MACHI		65	
	0	65	

33623

65

Transporter:

Operator:

Conquest Emp:

L.V.
SM

E

Water Disposal Ticket

SIGNATURES → DRIVER: Twiss, Tullagane
→ OIL CO. REP.: J
→ CONQUEST DISPOSAL:

PINK: Transporter

U

Water Disposal Ticket

SIGNATURES → DRIVER: _____
→ OIL CO. REP: _____
→ CONQUEST DISPOSAL: _____

PI3K Translocates