

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

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October 23, 2009

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

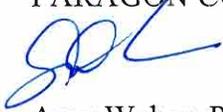
DAVID M. RAU, P.E., BCEE
SCOTT A. RUTHERFORD, P.E.
BRICK SMITH, P.E.
BRAD C. WOHLER
AMY D. WEBER, P.E.
HEATHER S. ALDERMAN
DAVID L. WALKER

RE: August 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 August 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:adw1



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

enc: August 2009 Quarterly Monitoring Report

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

October 23, 2009

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

1103 Oak Park Drive, Suite 110
Fort Collins, CO 80525
Phone (970) 377-1600
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www.paragoncg.com

RE: August 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

DAVID M. RAU, P.E., BCEE
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Machii-Ross Petroleum Company:

The purpose of this report is to summarize the results of the August 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), total petroleum hydrocarbons - 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 southern 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.

2. GEOHYDROLOGY

Groundwater elevations in wells PMW-1, PMW-2, PMW-3 and PMW-4 were measured by Paragon on August 6, 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 3.1 to 8.8 feet below the top of casings on August 6, 2009. Free-phase product was not observed in monitoring wells PMW-1 through PMW-4 on August 6, 2009.

A piezometric surface diagram for groundwater elevations observed during the August 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 August 6, 2009 was estimated to range from approximately 0.03 to 0.05. The groundwater flow direction and hydraulic gradient estimated for August 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 August 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 August 6, 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 August 6, 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 0.9 to 1.3 milligrams per liter (mg/L) during the August 2009 sampling episode. In general, an obvious correlation was not observed between BTEX concentrations observed in groundwater samples and DO measurements in August 2009.

3.2 Groundwater Analytical Results

Groundwater samples were collected from monitoring wells PMW-1 through PMW-4 on August 6, 2009 for laboratory analysis. 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 recovery trench wells were sample in May 2009 for laboratory analysis. 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 on August 6, 2009. In general, the BTEX concentrations observed in the groundwater samples collected from PMW-1 through PMW-4 in August 2009 were similar to previous sample results. As seen from Table 2, the BTEX concentrations observed in the groundwater samples collected from PMW-1 through PMW-4 on August 6, 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 255,700 gallons of groundwater have been recovered from recovery wells T-1 through T-5 between March 2007 and September 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 for events performed between March and September 2009.

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 3.1 to 8.8 feet below the top of casings on August 6, 2009. Free-phase product was not observed in monitoring wells PMW-1 through PMW-4 on August 6, 2009.
2. The general groundwater flow direction on August 6, 2009 appeared to be towards the northwest. The hydraulic gradient observed at the site on August 6, 2009 was estimated to range from approximately 0.03 to 0.05. The groundwater flow direction and hydraulic gradient estimated for August 6, 2009 are similar to previous observations at the site.
3. The BTEX concentrations observed in the groundwater samples collected from PMW-1 through PMW-4 on August 6, 2009 were not observed above the Concentration Levels.
4. The extent of groundwater impacts at the site appears to be limited and bracketed.
5. Approximately 255,700 gallons of groundwater have been recovered from recovery wells T-1 through T-5 between March 2007 and September 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. Vacuum extraction activities should be continued at the recovery trench locations.
2. The recovery trench wells should be sampled next quarter.

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:adw1

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)

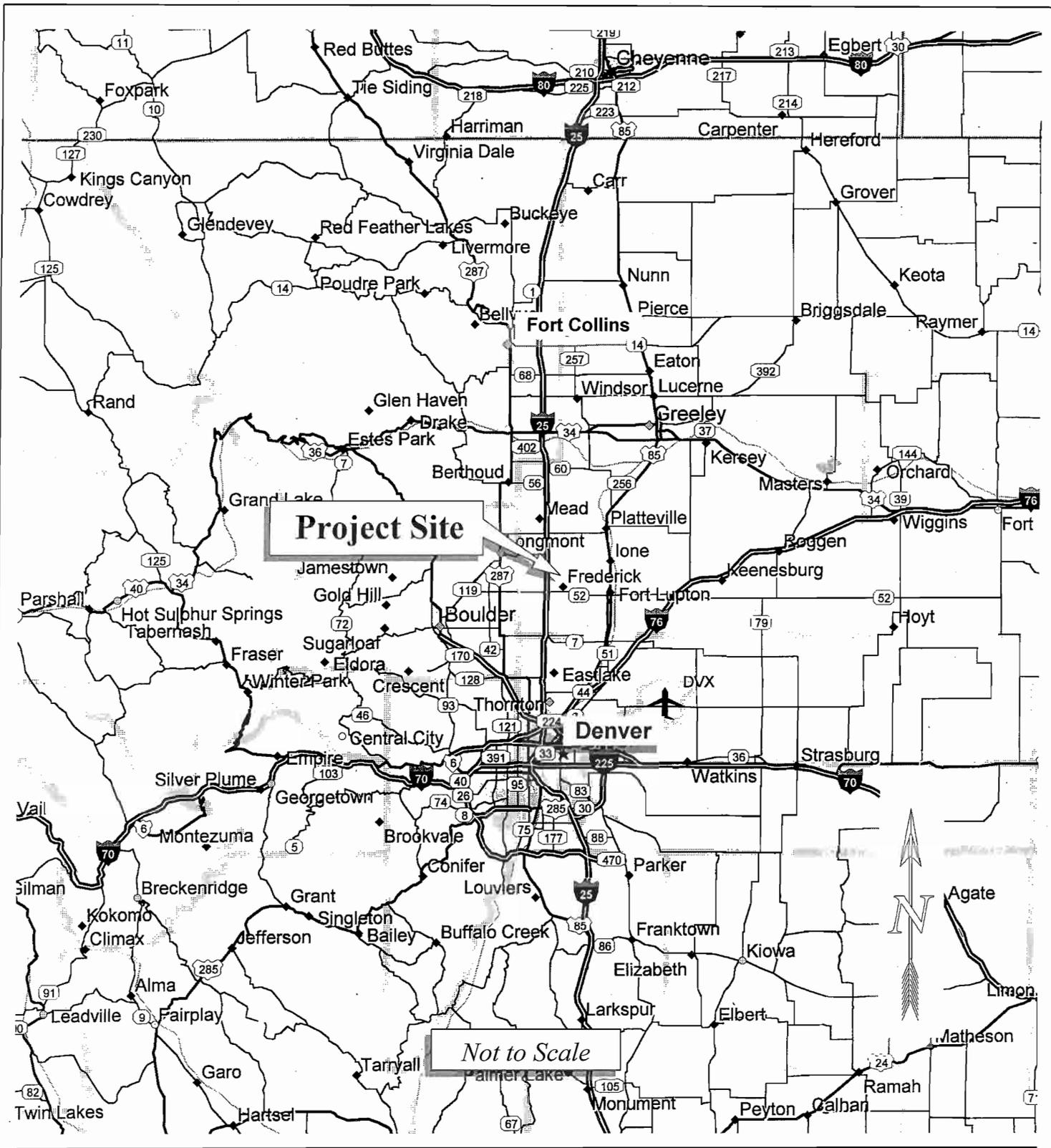


Figure 1 General Location Map
 Machii-Ross Petroleum
 Weld County Road 11, Weld County, Colorado
 Project No. 1007001-1007004 March 2007 Drawn by PJH(04fig1)

PARAGON

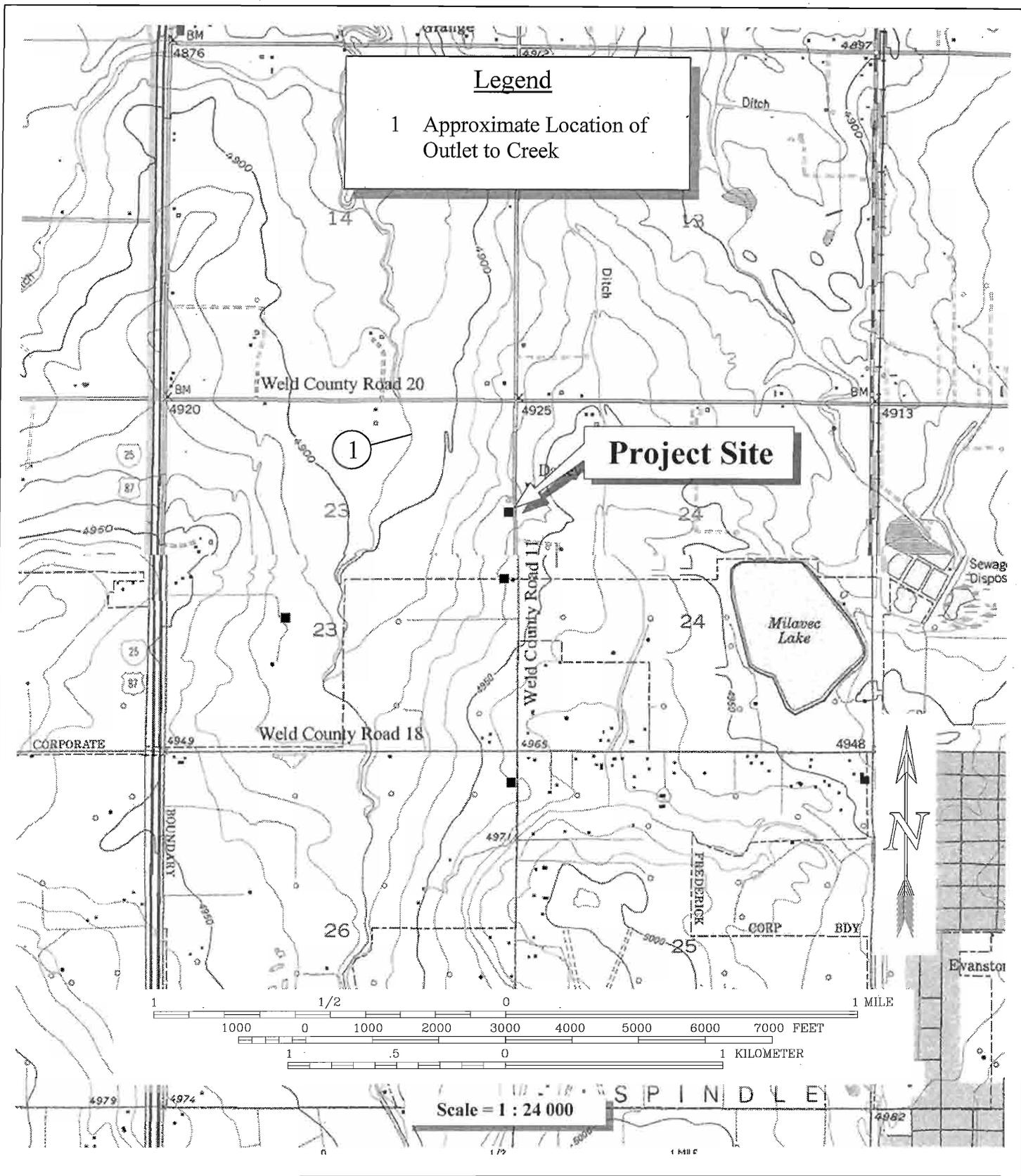
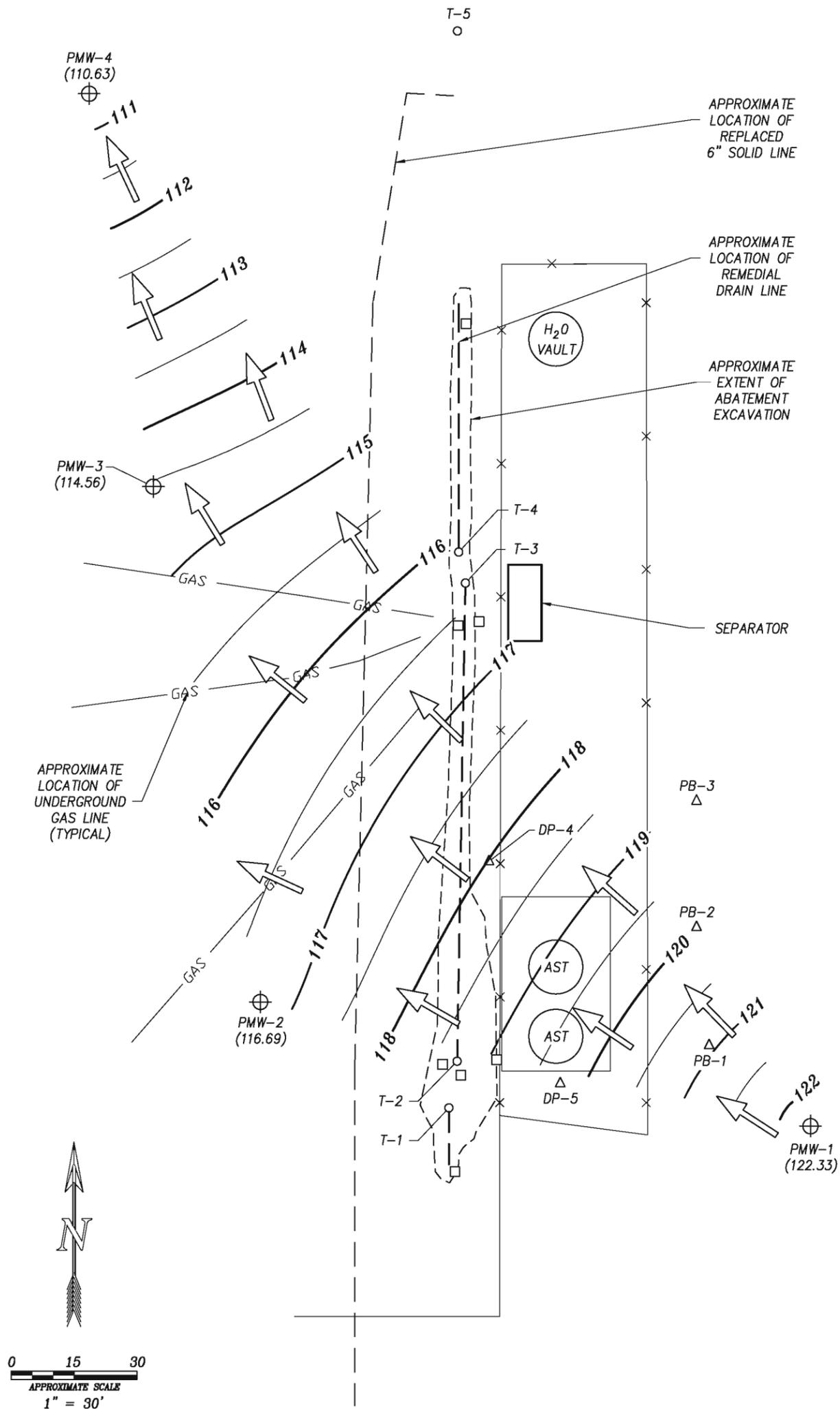


Figure 2 Vicinity Map
 Machii-Ross Petroleum – Berger Tank Battery
 Weld County Road 11 and Weld County Road 20, Weld County, Colorado
 Project No. 1007004 June 2007 Drawn by PJH(04fig2a)

PARAGON



County Road 11

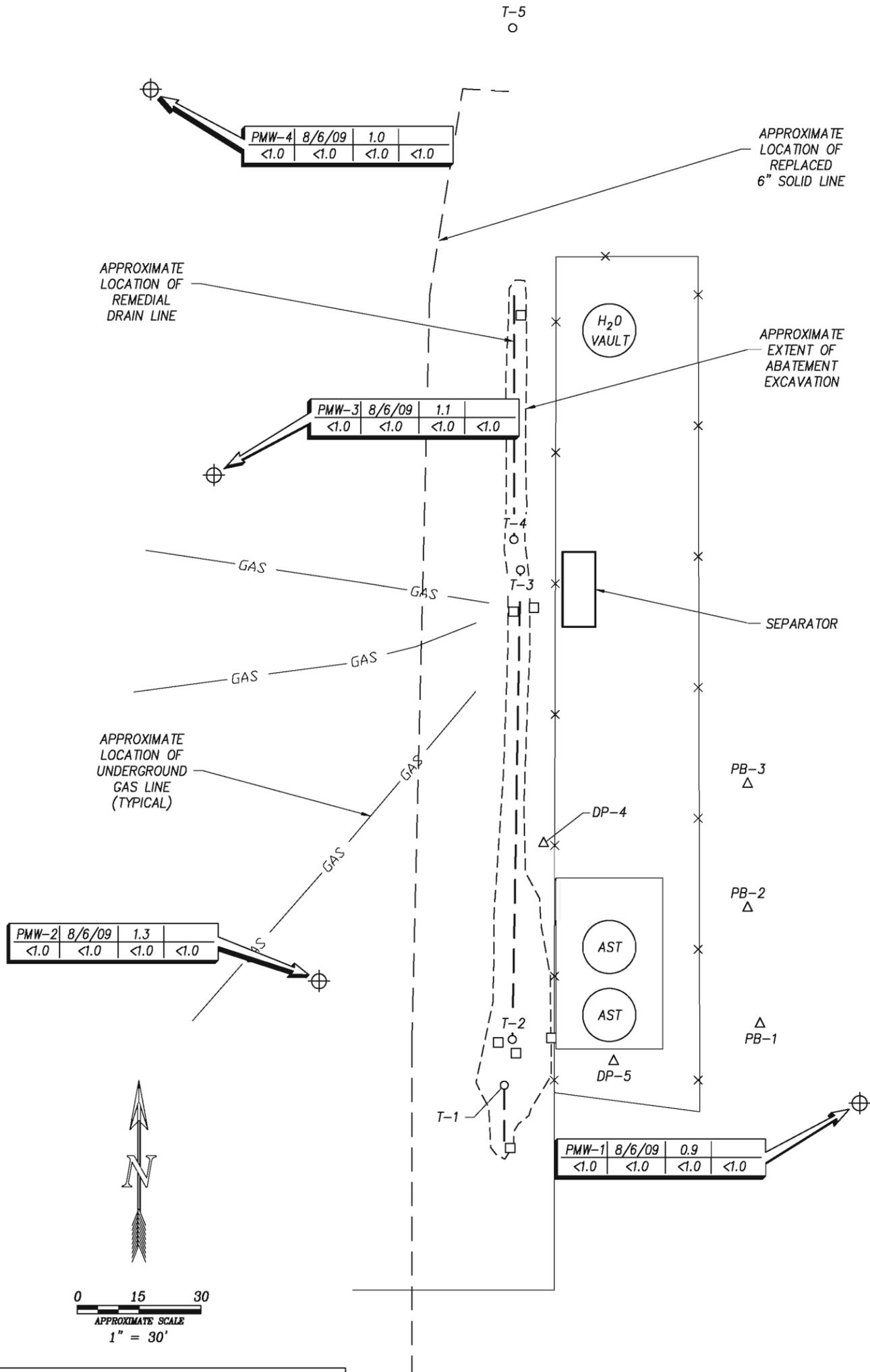
Legend

- 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 AUGUST 6, 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	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: 04aug09
Checked by: ADW		Date: Aug 2009
Approved by: DMR		Sheet No:



County Road 11

Legend

- APPROXIMATE LOCATION OF REMEDIAL DRAIN LINE RISER
 - △ APPROXIMATE LOCATION OF SOIL BORING
 - ⊕ APPROXIMATE LOCATION OF MONITORING WELL
 - APPROXIMATE LOCATION OF SOIL SAMPLE
- | SAMPLE NAME | SAMPLE DATE | DO | B | T | E | X |
|-------------|-------------|-----|------|------|------|------|
| PMW-1 | 8/6/09 | 0.9 | <1.0 | <1.0 | <1.0 | <1.0 |
| PMW-2 | 8/6/09 | 1.3 | <1.0 | <1.0 | <1.0 | <1.0 |
| PMW-3 | 8/6/09 | 1.1 | <1.0 | <1.0 | <1.0 | <1.0 |
| PMW-4 | 8/6/09 | 1.0 | <1.0 | <1.0 | <1.0 | <1.0 |
- WHERE:
- B = BENZENE CONCENTRATION IN µg/L.
 - T = TOLUENE CONCENTRATION IN µg/L.
 - E = ETHYLBENZENE CONCENTRATION IN µg/L.
 - X = TOTAL XYLENES CONCENTRATION IN µg/L.
 - DO = DISSOLVED OXYGEN CONCENTRATION IN mg/L.
 - NM = NOT MEASURED.

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

Project Mngr: ADW	<div style="font-size: 2em; font-weight: bold; margin-bottom: 5px;">PARAGON</div> <div style="font-weight: bold; margin-bottom: 5px;">Consulting Group</div> <div style="font-size: 0.8em;">Environmental Engineering and Geohydrology 6901 Broadway Denver, Colorado 80221</div>	Project No: 1007004
Designed by:		Scale: As Shown
Drawn by: PJH		File No: 04w0809
Checked by: ADW		Date: Aug 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
<u>Date Measured: August 6, 2009</u>				
Depth to Water (feet)	3.11	8.13	6.94	8.78
Groundwater Elevation (feet)	122.33	116.69	114.56	110.63

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-1	08/06/09	<1.	<1.	<1.	<1.	0.9
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-2	08/06/09	<1.	<1.	<1.	<1.	1.3
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-3	08/06/09	<1.	<1.	<1.	<1.	1.1
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 (µg/L)	Toluene (µg/L)	Ethylbenzene (µg/L)	Xylenes (µg/L)	Dissolved Oxygen (mg/L)
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
PMW-4	08/06/09	<1.	<1.	<1.	<1.	1.0
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
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. 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 3
GROUNDWATER RECOVERY
 (Page 1 of 3)

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.

TABLE 3
GROUNDWATER RECOVERY
 (Page 2 of 3)

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

Notes:

- 1) Approximate sample locations are shown on Figure 3.

TABLE 3
GROUNDWATER RECOVERY
 (Page 3 of 3)

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
3/30/2009	T-1 through T-5	2,520	vacuum extraction truck
4/6/2009	T-1 through T-5	2,730	vacuum extraction truck
4/13/2009	T-1 through T-5	2,562	vacuum extraction truck
4/20/2009	T-1 through T-5	2,898	vacuum extraction truck
4/27/2009	T-1 through T-5	2,562	vacuum extraction truck
5/4/2009	T-1 through T-5	2,940	vacuum extraction truck
5/11/2009	T-1 through T-5	2,730	vacuum extraction truck
5/18/2009	T-1 through T-5	2,520	vacuum extraction truck
5/26/2009	T-1 through T-5	2,184	vacuum extraction truck
6/1/2009	T-1 through T-5	2,268	vacuum extraction truck
6/8/2009	T-1 through T-5	2,142	vacuum extraction truck
6/15/2009	T-1 through T-5	2,730	vacuum extraction truck
6/22/2009	T-1 through T-5	2,394	vacuum extraction truck
6/29/2009	T-1 through T-5	2,730	vacuum extraction truck
7/6/2009	T-1 through T-5	2,478	vacuum extraction truck
7/13/2009	T-1 through T-5	NR	vacuum extraction truck
7/20/2009	T-1 through T-5	2,562	vacuum extraction truck
7/27/2009	T-1 through T-5	1,806	vacuum extraction truck
8/3/2009	T-1 through T-5	2,730	vacuum extraction truck
8/10/2009	T-1 through T-5	2,940	vacuum extraction truck
8/17/2009	T-1 through T-5	2,940	vacuum extraction truck
8/24/2009	T-1 through T-5	2,940	vacuum extraction truck
8/31/2009	T-1 through T-5	2,268	vacuum extraction truck
9/14/2009	T-1 through T-5	2,940	vacuum extraction truck
TOTAL LIQUID REMOVED		255,738	

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: 08/06/09

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>
8824-01	PMW-1	08/06/09	08/07/09	< 0.001	< 0.001	< 0.001	< 0.001
8824-02	PMW-2	08/06/09	08/07/09	< 0.001	< 0.001	< 0.001	< 0.001
8824-03	PMW-3	08/06/09	08/07/09	< 0.001	< 0.001	< 0.001	< 0.001
8824-04	PMW-4	08/06/09	08/07/09	< 0.001	< 0.001	< 0.001	< 0.001

BTEX Method:

EPA-8260B

Todd Rhea



TECHNOLOGY LABORATORY, INC.

CENTRE PROFESSIONAL PARK

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

CERTIFICATE OF ANALYSIS

QA/QC SURROGATE RECOVERY

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

Date Received: 08/06/09

Matrix: Water

Project No.: 1007004

(% Recovery)

<u>Lab ID</u>	<u>Sample ID</u>	<u>Bromofluorobenzene</u> <u>Limits (70-113%)</u>	<u>Dibromofluoromethane</u> <u>Limits (68-120%)</u>	<u>Toluene-d8</u> <u>Limits (81-128%)</u>
8824-01	PMW-1	94	105	92
8824-02	PMW-2	95	104	92
8824-03	PMW-3	96	105	93
8824-04	PMW-4	96	104	92

Todd Rea



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



Date: 3-30-09 Work Ticket No. T1142654
S M T W T F S

Customer Name/No. **MACHIL ROSS** County/Parish **WELD** State **CO**
 Contact: **Andy P** Service Location: **(BERGER BATTERY) North**
 Directions to Location:

Yard No. **0327** Unit/Asset No. **0164520** Manifest: **mail invoice to Peterson Energy Management, Inc. 2154 W. Eisenhower Boulevard Loveland, CO 80537**
 SWD Name: Key SWD Cust:

WORK TICKET DESCRIPTION:

Start	End	Description	# BBL	Oil/Water	Rec'd By
8:00	1:00	filled on 5 RAISERS AM PM DELIVERED TO CONQUEST	60	W	
CHAIN UP REQUIRED					

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

SAFETY EQUIPMENT REQUIRED TO DO THIS JOB:

- Hard Hat
- Safety Belts
- 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

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	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	Pulling, Pushing <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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 checked="" type="checkbox"/> Y <input type="checkbox"/> N	Ice <input type="checkbox"/> Snow <input type="checkbox"/> Dust <input type="checkbox"/> Fog
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	Temp 40 Degrees
Lifting w/Other Employees <input 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	Wind 5 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	Chains Required <input type="checkbox"/>
Access/Exit	Hand and Finger Hazards <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Straining <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Sleep Grades <input type="checkbox"/>
Scaffold (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	Mud BAO Condition
Ladder <input type="checkbox"/> Y <input type="checkbox"/> N	Welding/Flame Cutting <input type="checkbox"/> Y <input type="checkbox"/> N	Reaching <input type="checkbox"/> Y <input type="checkbox"/> N	!! YES to any HAZARDS - Identify.
Holisting of Tools/Materials <input type="checkbox"/> Y <input type="checkbox"/> N	Mechanical Equipment: <input type="checkbox"/> Y <input type="checkbox"/> N	Over Extending <input type="checkbox"/> Y <input type="checkbox"/> N	
Secure Footing <input type="checkbox"/> Y <input type="checkbox"/> N	Environmental	Jumping <input type="checkbox"/> Y <input type="checkbox"/> N	
	Pollution (Personal Exposure) <input type="checkbox"/> Y <input type="checkbox"/> N	Crawling <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
ARRIVE ON LOCATION	SOFT LOCATION		CHAIN UP REQUIRED
SET UP HOSE	SLIP/Trip HAZARDS		SECURE FOOTING
LABOR	TRIPPERS HAZARDS		WATCH STEP

Key Approval - Date: **3-31-09** Customer Approval - Date: **3-31-09**

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 checked="" 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: FUEL <input type="checkbox"/> Fuel Surcharge <input type="checkbox"/> Fuel Charge	5.0	74.00	370.00

Sales tax calculated on invoice Sub Total **370.00**

PAYROLL:

Class	Employee No.	Employee Name / Signature	Start	End	Work	Travel	Down	Other	Total Hours
DRIVER	42373	LUISA VILLAGOMEZ	8:00	1:00					5.0
SWAMPER		Luisa Villagomez	AM PM						

No Signature Required



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



Date: 4-6-09 Work Ticket No. T1142662
S W T W T F S

Customer Name/No. **MACHII ROSS Petroleum CO.** County/Parish **WELD** State **CO.**
 Contact: **ANDY** Service Location: **(BERGER BATTERY) WENAO**
 Directions to Location: **FROM R19-06-A11**

Yard No. **0327** Unit/Asset No. **0164520** Manifest: **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
8:00	12:00	PULLED ON 5 RAISERS AM PM DROVE TO CONQUEST TO UNLOAD	65	W	

Tank No.	Tank No.	Tank No.	Mileage Start	Mileage End

SAFETY EQUIPMENT REQUIRED TO DO THIS JOB:

- Hard Hat
- Safety Bets
- Safety Harness / Anil 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 Requiroa
- H2S / Tri-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) <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 checked="" 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	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 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	<input type="checkbox"/> Ice <input type="checkbox"/> Snow <input type="checkbox"/> Dust <input type="checkbox"/> Fog
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	<input checked="" type="checkbox"/> Temp 25 Degrees
Lifting w/Other Employees <input 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 checked="" type="checkbox"/> Wind 0 mph
Proper Rigging Practices <input type="checkbox"/> Y <input type="checkbox"/> N	Trenching/Excavation <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Swinging <input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Chains Required
Access/Exit	Hand and Finger Hazards <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Straining <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Sleep Grades
Scaffold (properly inspected) <input type="checkbox"/> Y <input type="checkbox"/> N	Electrical Hazards <input type="checkbox"/> Y <input type="checkbox"/> N	Stretching <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Mud _____ Condition
Ladder <input type="checkbox"/> Y <input type="checkbox"/> N	Welding/Flame Cutting <input type="checkbox"/> Y <input type="checkbox"/> N	Reaching <input type="checkbox"/> Y <input type="checkbox"/> N	II YES to any HAZARDS - Identify:
Holisting of Tools/Materials <input type="checkbox"/> Y <input type="checkbox"/> N	Mechanical Equipment <input type="checkbox"/> Y <input type="checkbox"/> N	Over Extending <input type="checkbox"/> Y <input type="checkbox"/> N	
Secure Footing <input type="checkbox"/> Y <input type="checkbox"/> N	Environmental	Jumping <input type="checkbox"/> Y <input type="checkbox"/> N	
	Pollution (Personal Exposure) <input type="checkbox"/> Y <input type="checkbox"/> N	Crawling <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
ARRIVE AT LOCAL	SOFT ROAD		CHAMP UP REQUIRED
Set up HOSE	SLIP/Trip HAZARDS		WATCH STEP
LOADING	TRIPPING HAZARDS		SECURE FOOTING
UNLOADING	FIRE POTENTIAL		GROUND TRUCK

Key Approval - Date: Kevin Goforth 4-7-09 Customer Approval - Date: _____

Asset	Service Code	Description	Qty	Rate	Total
0164520	300143	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Trans/Vac <input type="checkbox"/> Vacuum <input type="checkbox"/> 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 <input type="checkbox"/> Pump/Kill Truck Minimum <input type="checkbox"/> 130 BBL <input type="checkbox"/> 60-80 BBL <input type="checkbox"/> 50 BBL <input type="checkbox"/> Pump/Kill Truck Hourly <input type="checkbox"/> 130 BBL <input type="checkbox"/> 60-80 BBL <input type="checkbox"/> 50 BBL <input type="checkbox"/> Hot Oil Unit Minimum <input type="checkbox"/> 130 BBL <input type="checkbox"/> 75 BBL <input type="checkbox"/> Hot Oil Unit Hourly <input type="checkbox"/> 130 BBL <input type="checkbox"/> 75 BBL <input type="checkbox"/> Hot Oil by the BBL Propane <input type="checkbox"/> Winch Truck Minimum <input type="checkbox"/> Light Duty <input type="checkbox"/> Heavy Duty <input type="checkbox"/> 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	4	74.00	296.00

Sales tax calculated on invoice

Sub Total 296.00

PAYROLL:

Class	Employee No.	Employee Name / Signature	Start	End	Work	Travel	Down	Other	Total Hours
DRIVER	42373	LUISA VILLAGOMEZ	8:00	12:00					4.0
SWAMPER TRAINEE		Luisa Villagomez	AM	PM					

No Signature Required



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

Service Location
Bangert Tank Battery



T1142467

Date: 4-6-09 Work Ticket No. T1142467
S M T W T F S
04-06-09 BA

Customer Name/No. March 11 Ross Petroleum
Contact Gordon
Service Location Bangert Tank Battery (Heavy) North
Directions to Location 1/5 South 1/4 E. 11 - 20 East Hwy 85N, WCR 22 1/2 W, DICK
2.5/21 South, Hwy 85 South, West into
Yard No. 1 Unit/Asset No. 0327 R106319 Manifest Mail INVOICE to Peterson Energy Management, Inc. 2154 W. Eisenhower Boulevard Loveland, CO 80537
SWD Name Key SWD 0106319 Customer SWD

WORK TICKET DESCRIPTION:

Start	End	Description
11:30 AM	1:00 PM	Waterdraw on the south production tank 73 Transfer 146 bbls product from south production tank to north tank. Return to Key yard

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

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 / Tri-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) <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	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	Pulling, Pushing <input type="checkbox"/> Y <input type="checkbox"/> N	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	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	Temp - 45 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	Wind 5 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	Chains Required <input type="checkbox"/>
Access/Exit	Hand and Finger Hazards <input type="checkbox"/> Y <input type="checkbox"/> N	Straining <input type="checkbox"/> Y <input type="checkbox"/> N	Steep Grades <input type="checkbox"/>
Scaffold (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	Mud Condition
Ladder <input type="checkbox"/> Y <input type="checkbox"/> N	Welding/Flame Cutting <input type="checkbox"/> Y <input type="checkbox"/> N	Reaching <input type="checkbox"/> Y <input type="checkbox"/> N	
Holding of Tools/Materials <input type="checkbox"/> Y <input type="checkbox"/> N	Mechanical Equipment <input type="checkbox"/> Y <input type="checkbox"/> N	Over-Extending <input type="checkbox"/> Y <input type="checkbox"/> N	
Secure Footing <input type="checkbox"/> Y <input type="checkbox"/> N	Environmental Pollution (Personal Exposure) <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	

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. Transfer production to the north tank	STP	Lifting	1. Hold onto guard rails.
2. Waterdraw on the south production tank	STP	Driving	2. Use proper working position.
3. Transfer production to the north tank	STP	Lifting	3. Use proper working position.

Asset	Service Code	Description	Qty	Rate	Total
0106319	300443	Transport - Minimum <input type="checkbox"/> 130 BBL <input type="checkbox"/> 60-80 BBL <input type="checkbox"/> 50 BBL			
		Flour <input type="checkbox"/> Barrel <input type="checkbox"/> Load <input type="checkbox"/> 130 BBL <input type="checkbox"/> 60-80 BBL <input type="checkbox"/> 50 BBL			74.00 333.00
		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			
		Thrd 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			333.00

Sales tax calculated on invoice

PAYROLL:

Class	Employee No.	Employee Name / Signature	Start	End	Work	Travel	Down	Other	Total Hours
DRIVER	33205	Roger Fowler	11:30 AM	4					(4.5)
SWAMPER	(33205)								
TRAINEE									

Key Approval - Date: 4-7-09 Customer Approval - Date: 4/16/09 No Signature Required



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



T1142476

Date: 4-13-09 Work Ticket No. T1142476
S O T W T F S

Customer Name/No. Mackill Ross Petroleum County/Parish Weld State CO
 Contact Andy Service Location (Berger Battery) North
 Directions to Location WCR19N-Hwy 52W-WCR11N-W into
 Yard No. 0327 Unit/Asset No. 0106319
 SWD Name Peterson Energy Management, Inc.
2154 W. Eisenhower Boulevard
Loveland, CO 80537

WORK TICKET DESCRIPTION:

Start	End	Description	# BBL	Oil/Water	Rec'd By
7:30 AM	10:00 AM	Pull on five risers.	61	gas	
		Deliver to disposal.		Bbl	
		Return to Key yard.			
* 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	Ita _____ State	Ita _____ State

SAFETY EQUIPMENT REQUIRED TO DO THIS JOB:

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

PRE-JOB HAZARD ASSESSMENT:

Lifting

Manual Lifting (Body Position)	<input type="checkbox"/> Y <input type="checkbox"/> N	Proper Tool/Material Placement	<input type="checkbox"/> Y <input type="checkbox"/> N	Body Position/Movement	<input type="checkbox"/> Y <input type="checkbox"/> N	Environmental Condition	<input type="checkbox"/> Dry <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	Climbing	<input type="checkbox"/> Y <input type="checkbox"/> N	Drizzle	<input type="checkbox"/> Humid <input type="checkbox"/> Rain
Awkward Body Position	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Inadequate Lighting	<input type="checkbox"/> Y <input type="checkbox"/> N	Pulling, Pushing	<input type="checkbox"/> Y <input type="checkbox"/> N	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	Bending	<input type="checkbox"/> Y <input type="checkbox"/> N	Temp	<u>40</u> Degrees
Lifting w/Other Employees	<input type="checkbox"/> Y <input type="checkbox"/> N	Pinch Points	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Twisting Motion	<input type="checkbox"/> Y <input type="checkbox"/> N	Wind	<u>5</u> mph
Proper Rigging Practices	<input type="checkbox"/> Y <input type="checkbox"/> N	Trenching/Excavation	<input type="checkbox"/> Y <input type="checkbox"/> N	Walking	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Chains Required	
		Hand and Finger Hazards	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Swinging	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Sleep Grades	
Access/Exit		Electrical Hazards	<input type="checkbox"/> Y <input type="checkbox"/> N	Straining	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Mud	Condition
Scaffold (property inspected)	<input type="checkbox"/> Y <input type="checkbox"/> N	Welding/Flame Cutting	<input type="checkbox"/> Y <input type="checkbox"/> N	Stretching	<input type="checkbox"/> Y <input type="checkbox"/> N	If YES to any HAZARDS - Identify:	
Ladder	<input type="checkbox"/> Y <input type="checkbox"/> N	Mechanical Equipment	<input type="checkbox"/> Y <input type="checkbox"/> N	Reaching	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N		
Hoisting of Tools/Materials	<input type="checkbox"/> Y <input type="checkbox"/> N	Environmental		Over Extending	<input 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	Jumping	<input type="checkbox"/> Y <input type="checkbox"/> N		
				Crawling	<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 material most needed to do the job	Equipment could fail and cause injury	Twisting	Using proper body position
2. STF		Twisting	Beams alot. walking around STF areas

Key Approval - Date: 4-14-09

Customer Approval - Date: _____

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	\$74.00	185.00
		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			
Sub Total					185.00

Sales tax calculated on invoice

PAYROLL:

Class	Employee No.	Employee Name / Signature	Start	End	Work	Travel	Down	Other	Total Hours
DRIVER	33205	Roger Fowler	7:30	10:00					2 1/2
SWAMPER			AM	AM					
TRAINEE									

No Signature Required



Customer Name/No. <u>Mach II Ross Petroleum</u>	County/Parish <u>Weld</u>	State <u>CO</u>
Contact <u>Andy</u>	Service Location <u>(Bertger Battery) Non HC</u>	
Directions to Location <u>5.0 mi S E - Ralston Road E - I 76 E - I 25 N - Hwy 52 E - WLR</u> <u>11 N. W. into.</u>		
Yard No. <u>0327</u>	Unit/Asset No. <u>0106319</u>	Key No.
SWD Name <input type="checkbox"/> Key SWD <input checked="" type="checkbox"/> Peterson Energy Management, Inc. 2154 W. Eisenhower Boulevard Loveland, CO 80537		

WORK TICKET DESCRIPTION:

Start	End	Description	Water	Rec'd By
9:30	12:30	Pull on five risers.	69	BBB
AM	PM	Deliver liquids to disposal.		
* No product detected. * Strong odor of sewage.				
Tank No.	Tank No.	Tank No.	Mileage Start	Mileage End
Top Gauge	Top Gauge	Top Gauge	Ita	Ita
Bottom Gauge	Bottom Gauge	Bottom Gauge	State	State

SAFETY EQUIPMENT REQUIRED TO DO THIS JOB:

<input checked="" 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 checked="" type="checkbox"/> Fire Extinguishers	<input type="checkbox"/> Steel Toed Boots	<input 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	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	Pulling, Pushing <input 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 type="checkbox"/> Y <input type="checkbox"/> N	Bending <input checked="" 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Temp <u>50</u> Degrees
Lifting w/Other Employees <input 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>5</u> mph
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	<input type="checkbox"/> Chains Required
Access/Exit	Hand and Finger Hazards <input type="checkbox"/> Y <input type="checkbox"/> N	Straining <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Sleep Grades
Scaffold (properly inspected) <input type="checkbox"/> Y <input type="checkbox"/> N	Electrical Hazards <input type="checkbox"/> Y <input type="checkbox"/> N	Stretching <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Mud _____ Condition
Ladder <input type="checkbox"/> Y <input type="checkbox"/> N	Welding/Flame Cutting <input type="checkbox"/> Y <input type="checkbox"/> N	Reaching <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	If YES to any HAZARDS - Identify:
Hoisting of Tools/Materials <input type="checkbox"/> Y <input type="checkbox"/> N	Mechanical Equipment <input type="checkbox"/> Y <input type="checkbox"/> N	Over Extending <input type="checkbox"/> Y <input type="checkbox"/> N	
Secure Footing <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Environmental	Jumping <input type="checkbox"/> Y <input type="checkbox"/> N	
	Pollution (Personal Exposure) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Crawling <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 hoses needed to do the job.	Hoses may fall.	Indjury	1. Hold my ropes
	STP	2. arsing	2. Watch hoses
			3. Hold onto anything you can.

Key Approval - Date: 4/20/09 Kevin Goforth Customer Approval - Date: _____

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 <input type="checkbox"/> 130 BBL <input type="checkbox"/> 60-80 BBL <input type="checkbox"/> 50 BBL	3	74.00	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			
			Sub Total		222.00

Sales tax calculated on invoice

PAYROLL:

Class	Employee No.	Employee Name / Signature	Start	End	Work	Travel	Down	Other	Total Hours
DRIVER	33205	Roger Fowler	9:30	12:30					3.0
SWAMPER									
TRAINER	(33205)								

KGX No Signature Required



Customer Name/No. Mach 11 Ross Petroleum County/Parish Weld State CO.
 Contact Andy Service Location Berger Battery Non AM
 Directions to Location WCR 19 N - Hwy 52 W - WCR 11 N - Winto

Yard No. 0327 Unit/Asset No. 0106319
 SWD Name Key SWD

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
8:30 AM	11:00 AM	Pull on five risers. Deliver to disposal. Return to Key yard.	61		
		* Strong odor of sewage on south side. * 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	fta _____ State _____	fta _____ 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 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

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 checked="" 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	Pulling, Pushing <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 checked="" 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 <u>35</u> 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 <u>5</u> 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/Exit	Hand and Finger Hazards <input type="checkbox"/> Y <input type="checkbox"/> N	Straining <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Steep Grades
Scaffold (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 _____ Condition
Ladder <input type="checkbox"/> Y <input type="checkbox"/> N	Welding/Flame Cutting <input type="checkbox"/> Y <input type="checkbox"/> N	Reaching <input type="checkbox"/> Y <input type="checkbox"/> N	
Hoisting of Tools/Materials <input type="checkbox"/> Y <input type="checkbox"/> N	Mechanical Equipment <input type="checkbox"/> Y <input type="checkbox"/> N	Over Extending <input type="checkbox"/> Y <input type="checkbox"/> N	If YES to any HAZARDS - Identify:
Secure Footing <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Environmental Pollution (Personal Exposure) <input checked="" 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	

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. Untuck all equip - next needs to be tucked in	Equipment may fall on body	Injury	1. Use proper body posture
2. Set		Injury	2. Walk slowly on muddy surface
3. Cam locks		Injury	3. Wear gloves

Key Approval - Date: Kevin Goforth 4-28-09 Customer Approval - Date: _____

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	74.00	185.00
		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			
		Sub Total			185.00

Sales tax calculated on invoice

PAYROLL:

Class	Employee No.	Employee Name / Signature	Start	End	Work	Travel	Down	Other	Total Hours
DRIVER	33205	Roger Fowler	8:30	11:00					2 1/2
SWAMPER	(33205)		AM	AM					(2.5)
TRAINER									

No Signature Required



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

Service Location
Berger Battery



T1289087

Date: 5-18-09 Work Ticket No. T1289087
S O T W T F S

Customer Name/No. Macht Ross Petroleum	County/Parish weld	State Co
Contact Andy	Service Location (Berger Battery) van HX	
Directions to Location DENVER AVE N 14TH ST W 855 HWY 52W CRIILN WINDO		

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
6:30 AM	10:00 AM	Pulled on 5 Risers Hauled to Disposal Returned to Key Yard No H2S Detected *strange sewer smell	60		

Tank No.	Tank No.	Tank No.	Mileage Start	Mileage End
Top Gauge	Top Gauge	Top Gauge		
Bottom Gauge	Bottom Gauge	Bottom Gauge	ft/a _____ State	ft/a _____ 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
- Cotton/ Rubber Gloves
- Other - Explain:
- Faces 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:

<p>Lifting</p> <p>Manual Lifting (Body Position) <input checked="" 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Slip/Trip Potential <input checked="" 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>Hoisting of Tools/Materials <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Secure Footing <input checked="" 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 checked="" 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 checked="" 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</p> <p>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 checked="" type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Twisting Motion <input checked="" type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Walking <input checked="" type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Swinging <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Straining <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>Day <input checked="" type="checkbox"/> Night <input type="checkbox"/> Clear <input type="checkbox"/></p> <p>Drizzle <input type="checkbox"/> Humid <input type="checkbox"/> Rain <input type="checkbox"/></p> <p>Ice <input type="checkbox"/> Snow <input type="checkbox"/> Dust <input type="checkbox"/> Fog <input type="checkbox"/></p> <p>Temp 60 Degrees</p> <p>Wind 5 mph</p> <p>Chains Required <input type="checkbox"/></p> <p>Sleep Grades <input type="checkbox"/></p> <p>Mud _____ 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
UNLOAD ALL NOS EQP	Hose cut Fall on you	EMGTY	Properly Footing Hand Pts
Hook up Hoses	Can leak	Pinch Points	Gloves Proper Hand Pts
Slip Trip Fall Hazards	uneven ground	EMGTY	watching where we step
SMOKES	smoke belts	EMGTY	stay alert eyes and ears

Key Approval - Date: Kevin Goforth 5-19-09
Customer Approval - Date: 05-19-09

Asset	Service Code	Description	Qty	Rate	Total
		<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Trans/Vac <input type="checkbox"/> Vacuum			
0106319	300143	Minimum <input type="checkbox"/> 130 BBL <input 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	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"/> 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			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 Foster	6:30	10:00					3 1/2
SWAMPER			AM	AM					



T1289101

Date: 5-26-09 Work Ticket No. T1289101
 S M T W T F S
05-26-09 BA

Customer Name/No. <u>Mack H. Ross Petroleum</u>	County/Parish <u>weld</u>	State <u>CO.</u>
Contact <u>Andy</u>	Service Location <u>(Berger Battery) NW HC</u>	
Directions to Location <u>WCR 19 N - Hwy 52 W - WCR 11 N - w into.</u>		
Yard No. <u>0327</u>	Unit/Asset No. <u>0106319</u>	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
8:00 AM	12:00 PM	Puller Five risers. Deliver liquids to disposal. Return to Key yard. Muddy location. No product detected. Strong odor of raw sewage detected.	52		
Tank No.	Tank No.	Tank No.	Mileage Start	Mileage End	
Top Gauge	Top Gauge	Top Gauge	lfta _____ State	lfta _____ State	
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 checked="" type="checkbox"/> Fire Extinguishers	<input 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 Bolts	<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	Pulling, Pushing <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 <u>55</u> 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 <u>5</u> 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/Exit	Hand and Finger Hazards <input type="checkbox"/> Y <input type="checkbox"/> N	Straining <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Sleep Grades
Scaffold (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 _____ Condition
Ladder <input type="checkbox"/> Y <input type="checkbox"/> N	Welding/Flame Cutting <input type="checkbox"/> Y <input type="checkbox"/> N	Reaching <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> YES to any HAZARDS - Identify:
Hoisting of Tools/Materials <input type="checkbox"/> Y <input type="checkbox"/> N	Mechanical Equipment <input type="checkbox"/> Y <input type="checkbox"/> N	Over Extending <input type="checkbox"/> Y <input type="checkbox"/> N	
Secure Footing <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Environmental	Jumping <input type="checkbox"/> Y <input type="checkbox"/> N	
	Pollution (Personal Exposure) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Crawling <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. Hooking base with coil to do the job.	Com locks	1 Injury	1. Use gloves. 2. Use of proper hand placement.
2. STF		2 Injury	2. Walk slowly on slick surfaces.

Key Approval - Date: Jerry Sparling 5-27-09 Customer Approval - Date: _____
 Jerry Sparling

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			
<u>0106319</u>	<u>300143</u>	<input checked="" 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			
		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			
		Sub Total			<u>296.00</u>

Sales tax calculated on invoice

PAYROLL:

Class	Employee No.	Employee Name / Signature	Start	End	Work	Travel	Down	Other	Total Hours
DRIVER	<u>33205</u>	<u>Robert Foster Ryan</u>	<u>8:00</u>	<u>12:00</u>					<u>4.0</u>
SWAMPER									
TRAINEE	<u>(33205)</u>								

No Signature Required



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



Date: 6-1-09 Work Ticket No. 1289259
S @ T W T F S

T 1289259

Customer Name/No. <u>Mach 11 Ross Petroleum</u>	County/Parish <u>Weld</u>	State <u>CO</u>
Contact - <u>Andy</u>	Service Location <u>(Berger Battery) NW 1/4</u>	
Directions to Location <u>Ed 19 N - Hwy 52 W - R 11 N - Winto.</u>		
Yard No. <u>0327</u>	Unit/Asset No. <u>0164520</u>	Manifest <u>0164520</u>
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
<u>7:30 AM</u>	<u>10:30 AM</u>	<u>Pull on five risers.</u>	<u>54</u>		
<u>7:30 AM</u>	<u>AM</u>	<u>Deliver liquids to disposal.</u>			
<u>No product detected.</u>					
Tank No.	Tank No.	Tank No.	Mileage Start	Mileage End	
Top Gauge	Top Gauge	Top Gauge	fta _____ State _____	fta _____ State _____	
Bottom Gauge	Bottom Gauge	Bottom Gauge			

SAFETY EQUIPMENT REQUIRED TO DO THIS JOB:

<input checked="" type="checkbox"/> Hard Hat	<input checked="" type="checkbox"/> Safety Belts	<input type="checkbox"/> Safety Harness / Anli Fall Device	<input checked="" type="checkbox"/> Proper Clothing	<input type="checkbox"/> Hearing Protection
<input type="checkbox"/> Fire Extinguishers	<input checked="" type="checkbox"/> Steel Toed Boots	<input 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	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	Putting, Pushing <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 checked="" 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 <u>55</u> 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 <u>5</u> 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/Exit	Hand and Finger Hazards <input type="checkbox"/> Y <input type="checkbox"/> N	Straining <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Steep Grades
Scaffold (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 _____ Condition
Ladder <input type="checkbox"/> Y <input type="checkbox"/> N	Welding/Flame Cutting <input type="checkbox"/> Y <input type="checkbox"/> N	Reaching <input type="checkbox"/> Y <input type="checkbox"/> N	If YES to any HAZARDS - Identify:
Hoisting of Tools/Materials <input type="checkbox"/> Y <input type="checkbox"/> N	Mechanical Equipment <input type="checkbox"/> Y <input type="checkbox"/> N	Over Extending <input type="checkbox"/> Y <input type="checkbox"/> N	
Secure Footing <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Environmental	Jumping <input type="checkbox"/> Y <input type="checkbox"/> N	
	Pollution (Personal Exposure) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Crawling <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
<u>1. Unload hoses needed to do the job.</u>	<u>Hoses could fall onto body.</u>	<u>Injury.</u>	<u>1. pull of area</u>
<u>2. STE</u>	<u>STE</u>	<u>Injury.</u>	<u>2. watch for STE areas.</u>

Key Approval - Date: 6-2-09

Customer Approval - Date: _____

No Signature Required

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			
		<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	<u>3</u>	<u>74.00</u>	<u>222.00</u>
		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	<u>33205</u>	<u>Roger Fowler</u>	<u>7:30 AM</u>	<u>10:30 AM</u>					<u>3.0</u>
SWAMPER									
TRAINER									



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



T1288532

Date: 6-15-09 Work Ticket No. J1288532
S M T W T F S

Customer Name/No.	MACHIL ROSS PETROLEUM	County/Parish	WELD CO.
Contact	Andy	Service Location	(BERGER BATTERY) NORTON
Directions to Location	I-76E-1-25N-H52E-R11N TO LOCATION.		

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:

Start	End	Description	# BBL	Oil/Water	Rec'd By
2:30 PM	6:00 PM	PULLED ON 5 RAISERS DELIVERED TO DISPOSAL	65	W	

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

SAFETY EQUIPMENT REQUIRED TO DO THIS JOB:

- Hard Hat Safety Belts Safety Harness / Ant 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

PRE-JOB HAZARD ASSESSMENT:

Activity	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"/> 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 Pulling, Pushing	<input type="checkbox"/> Drizzle <input type="checkbox"/> Humid <input checked="" 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"/> Ice <input type="checkbox"/> Snow <input type="checkbox"/> Dust <input type="checkbox"/> Fog
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"/> Temp 65 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"/> Wind 50 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"/> Chains Required
Access/Exit	<input type="checkbox"/> Y <input type="checkbox"/> N Hand and Finger Hazards	<input type="checkbox"/> Y <input type="checkbox"/> N Straining	<input type="checkbox"/> Steep Grades
Scaffold (properly inspected)	<input type="checkbox"/> Y <input type="checkbox"/> N Electrical Hazards	<input type="checkbox"/> Y <input type="checkbox"/> N Stretching	<input type="checkbox"/> Mud _____ Condition
Ladder	<input type="checkbox"/> Y <input type="checkbox"/> N Welding/Flame Cutting	<input type="checkbox"/> Y <input type="checkbox"/> N Reaching	<input type="checkbox"/> YES to any HAZARDS - Identify: _____
Hoisting of Tools/Materials	<input type="checkbox"/> Y <input type="checkbox"/> N Mechanical Equipment	<input type="checkbox"/> Y <input type="checkbox"/> N Over Extending	
Secure Footing	<input type="checkbox"/> Y <input type="checkbox"/> N Environmental	<input type="checkbox"/> Y <input type="checkbox"/> N Jumping	
	<input type="checkbox"/> Y <input type="checkbox"/> N Pollution (Personal Exposure)	<input type="checkbox"/> Y <input type="checkbox"/> N 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
PARKEED TRUCK SETUP HOSES LOADING	ROLL DOWN RATED PINCH POINTS SLIP/TRIP HAZARDS		SHOCKED WEELS WEAR GLOVES WATCH STEP

Kevin Goforth
Key Approval - Date: 6/16/09

Customer Approval - Date: _____

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 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"/> 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	3.5	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	42373	LUISA VILLAGOMEZ	2:30	6:00					3.5
SWAMPER		Luisa Villagomez	PM	PM					
TRAINEE									

No Signature Required



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



Date: 6-22-09 Work Ticket No J1289445
S O T V I T F S

T1289445

Customer Name/No. <u>Mach 11 Ross Petroleum</u>	County/Parish <u>Weld</u>	State <u>CO</u>
Contact <u>Andy</u>	Service Location <u>(Berger Battery) N. H.</u>	
Directions to Location <u>R19N-752W-R11N-winto</u>		
Yard No. <u>0327</u>	Unit/Asset No. <u>0106319</u>	Manifest
SWD Name <u>0106319</u>		RCC No.
<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
<u>8:00 AM</u>	<u>11:30 AM</u>	<u>Pull on five risers. Deliver to disposal. Return to key yard.</u>	<u>57</u>		
<u>No product detected.</u>					
Tank No.	Tank No.	Tank No.	Mileage Start	Mileage End	
Top Gauge	Top Gauge	Top Gauge	<u>3832</u>	<u>3838</u>	
Bottom Gauge	Bottom Gauge	Bottom Gauge	lfta _____ State _____	lfta _____ State _____	

SAFETY EQUIPMENT REQUIRED TO DO THIS JOB:

<input checked="" 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"/> Cotton / Rubber Gloves	<input 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 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 type="checkbox"/> Dry <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	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 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	<input type="checkbox"/> Ice <input type="checkbox"/> Snow <input type="checkbox"/> Dust <input type="checkbox"/> Fog
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	<input type="checkbox"/> Temp <u>65</u> 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Wind <u>5</u> mph
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	<input type="checkbox"/> Chains Required
Access/Exit	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
Scaffold (properly inspected) <input type="checkbox"/> Y <input type="checkbox"/> N	Electrical Hazards <input type="checkbox"/> Y <input type="checkbox"/> N	Stretching <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Mud _____ Condition
Ladder <input type="checkbox"/> Y <input type="checkbox"/> N	Welding/Flame Cutting <input type="checkbox"/> Y <input type="checkbox"/> N	Reaching <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
Holisting of Tools/Materials <input type="checkbox"/> Y <input type="checkbox"/> N	Mechanical Equipment <input type="checkbox"/> Y <input type="checkbox"/> N	Over Extending <input type="checkbox"/> Y <input type="checkbox"/> N	If YES to any HAZARDS - Identify:
Secure Footing <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Environmental	Jumping <input type="checkbox"/> Y <input type="checkbox"/> N	
	Pollution (Personal Exposure) <input type="checkbox"/> Y <input type="checkbox"/> N	Crawling <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
<u>1. Hoop hose after unloading</u>	<u>Can locks</u>	<u>Injury</u>	<u>Wear gloves.</u>
<u>2. Snakes</u>	<u>Injury</u>	<u>Injury</u>	<u>Use of proper hand placement. Stay out of the well.</u>

Key Approval - Date: Kevin Goforth 6-23-09

Customer Approval - Date: _____

Asset	Service Code	Description	Qty	Rate	Total
<u>0106319</u>	<u>300143</u>	<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 <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	<u>3 1/2</u>	<u>574.00</u>	<u>259.00</u>
		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 259.00

PAYROLL:

Class	Employee No.	Employee Name / Signature	Start	End	Work	Travel	Down	Other	Total Hours
DRIVER	<u>932205</u>	<u>Roger Fowler</u>	<u>8:00 AM</u>	<u>11:30 AM</u>	<u>3.5</u>				<u>(3.5)</u>
SWAMPER									
TRAINEE									

VLO No Signature Required



Customer Name/No. MACHU ROSS Petroleum CO. County/Parish WELD State CO
 Contact Andy Service Location (BERGER BATTERY) Man 40
 Directions to Location OR 19N-R6W-R11N TO LOCATION

Yard No. 0327 Unit/Asset No. 0164520 Manifest _____ RCC No. _____
 SWD Name _____ Key SWD Customer SWD Public SWD Disposal Ticket No. _____

WORK TICKET DESCRIPTION:

Start	End	Description	# BBL	Oil/Water	Rec'd By
8:30	12:30	PULLED ON 5 RAISERS	65	W	
AM	PM	HAWED TO CONQUEST			
		No oil			

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 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

PRE-JOB HAZARD ASSESSMENT:

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 type="checkbox"/> Y <input type="checkbox"/> N	Day <input checked="" 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	Pulling, Pushing <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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 checked="" type="checkbox"/> Y <input type="checkbox"/> N	Ice <input type="checkbox"/> Snow <input type="checkbox"/> Dust <input type="checkbox"/> Fog
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	Temp <u>65</u> Degrees
Lifting w/Other Employees <input 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	Wind <u>5</u> 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/Exit	Hand and Finger Hazards <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Straining <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Sleep Grades
Scaffold (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 _____ Condition
Ladder <input type="checkbox"/> Y <input type="checkbox"/> N	Welding/Flame Cutting <input type="checkbox"/> Y <input type="checkbox"/> N	Reaching <input type="checkbox"/> Y <input type="checkbox"/> N	If YES to any HAZARDS - Identify:
Hoisting of Tools/Materials <input type="checkbox"/> Y <input type="checkbox"/> N	Mechanical Equipment <input type="checkbox"/> Y <input type="checkbox"/> N	Over Extending <input type="checkbox"/> Y <input type="checkbox"/> N	
Secure Footing <input type="checkbox"/> Y <input type="checkbox"/> N	Environmental	Jumping <input type="checkbox"/> Y <input type="checkbox"/> N	
	Pollution (Personal Exposure) <input type="checkbox"/> Y <input type="checkbox"/> N	Crawling <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
SETUP HOSES	TRIPPING HAZARDS		WATCH STEP
LOADING	HIGH NOISE LEVEL		BE CAREFUL
UNLOADING	FIRE HAZARDS		(ROAD) TRUCK

Key Approval Goforth Date 6-30-09 Customer Approval - Date: _____

T1288551

Asset	Service Code	Description	Qty	Rate	Total
0164520	30043	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Trans/Vac <input type="checkbox"/> Vacuum <input type="checkbox"/> 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	4	74.00	296.00
		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"/> 7E BBL			
		Hot Oil Unit Hourly <input type="checkbox"/> 130 BBL <input type="checkbox"/> 7E 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			
		Sub Total			296.00

Sales tax calculated on invoice

PAYROLL:

Class	Employee No.	Employee Name / Signature	Start	End	Work	Travel	Down	Other	Total Hours
DRIVER	42373	LUSA VILLASOMEZ	8:30	12:30	4.0	-	-	-	4.0
SWAMPER		LUSA VILLASOMEZ							
TRAINER		LUSA VILLASOMEZ							

X6 No Signature Required



T1288672

Customer Name/No. <u>Machil Ross Petroleum</u>	County/Parish <u>Weld</u>	State <u>Co.</u>
Contact <u>Andy</u>	Service Location <u>(Berger Battery) #10N HR</u>	
Directions to Location <u>Rd 19th - Rd 4W - Rd 11N - w into</u>		
Yard No. <u>0327</u>	Unit/Asset No. <u>0106319</u>	Manifest
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
<u>8:00 AM</u>	<u>12:00 PM</u>	<u>Pull on five risers. Deliver liquids to disposal.</u>			
		<u>(Pm)A</u>			
		<u>* No product detected.</u>			

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

- SAFETY EQUIPMENT REQUIRED TO DO THIS JOB:**
- | | | | | |
|--------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------|
| <input checked="" 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 checked="" type="checkbox"/> Fire Extinguishers | <input checked="" 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 checked="" 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	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 checked="" 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	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 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	<input type="checkbox"/> Ice <input type="checkbox"/> Snow <input type="checkbox"/> Dust <input type="checkbox"/> Fog
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	<input type="checkbox"/> Temp <u>20</u> Degrees
Lifting w/Other Employees <input 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>5</u> mph
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	<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 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 type="checkbox"/> Y <input type="checkbox"/> N	Welding/Flame Cutting <input type="checkbox"/> Y <input type="checkbox"/> N	Reaching <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	IF YES to any HAZARDS - Identify:
Ladder <input type="checkbox"/> Y <input type="checkbox"/> N	Mechanical Equipment <input type="checkbox"/> Y <input type="checkbox"/> N	Over Extending <input type="checkbox"/> Y <input type="checkbox"/> N	
Hoisting of Tools/Materials <input type="checkbox"/> Y <input type="checkbox"/> N	Environmental	Jumping <input type="checkbox"/> Y <input type="checkbox"/> N	
Secure Footing <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Pollution (Personal Exposure) <input type="checkbox"/> Y <input type="checkbox"/> N	Crawling <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
<u>1. Unload equipment. Equipment handled by 2. Cam locks</u>	<u>1. Injury</u>	<u>1. Injury</u>	<u>1. Use of proper body position.</u>
			<u>2. Use of gloves.</u>
			<u>3. Use of proper hand placement.</u>

Key Approval - Date: 7-14-09 Customer Approval - Date: _____

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			
		<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			
<u>0106319</u>	<u>300143</u>	Pump/Kill Truck Minimum <input type="checkbox"/> 130 BBL <input type="checkbox"/> 60-80 BBL <input type="checkbox"/> 50 BBL	<u>4</u>	<u>\$74.00</u>	<u>296.00</u>
		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 296.00

PAYROLL:

Class	Employee No.	Employee Name / Signature	Start	End	Work	Travel	Down	Other	Total Hours
DRIVER	<u>33205</u>	<u>Roger Fowler</u>	<u>8:00</u>	<u>12:00</u>	<u>4.0</u>				<u>4.0</u>
SWAMPER									
TRAINEE									

Key No Signature Required DWT-005 8/08



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



T1288905

Date: 7-20-09 Work Ticket No. T1288905
S W T W T F S

Customer Name/No. <u>Mark H Pass Petroleum 41-23</u>	County/Parish <u>Weld</u>	State <u>CO</u>
Contact <u>Andy</u>	Service Location <u>(Berger Battery) WEL/HO</u>	
Directions to Location <u>Newer Ave N-14th St W-H855-H52W-Rd 11N-Winto</u>		
Yard No. <u>0327</u>	Unit/Asset No. <u>0106319</u>	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
6:30 AM	10:30 AM	Pull on five risers Deliver liquids to APC. Return to Key yard.	61		
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	fta _____ State	fta _____ 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
- 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

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	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 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	<input type="checkbox"/> Ice <input type="checkbox"/> Snow <input type="checkbox"/> Dust <input type="checkbox"/> Fog
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	<input type="checkbox"/> Temp <u>70</u> Degrees
Lifting w/Other Employees <input 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>5</u> mph
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	<input type="checkbox"/> Chains Required
Access/Exit	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"/> Sleep Grades
Scaffold (properly inspected) <input type="checkbox"/> Y <input type="checkbox"/> N	Electrical Hazards <input type="checkbox"/> Y <input type="checkbox"/> N	Stretching <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Mud _____ Condition
Ladder <input type="checkbox"/> Y <input type="checkbox"/> N	Welding/Flame Cutting <input type="checkbox"/> Y <input type="checkbox"/> N	Reaching <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	If YES to any HAZARDS - Identify:
Hoisting of Tools/Materials <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	
Secure Footing <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Environmental	Jumping <input type="checkbox"/> Y <input type="checkbox"/> N	
	Pollution (Personal Exposure) <input type="checkbox"/> Y <input type="checkbox"/> N	Crawling <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. Hookup can label	Pinches	1. Injury -	1. Wear gloves.
2. STE		2. Injury -	2. Walk around holes
			3. Watch where you walk.

Key Approval - Date: Jerry Sparling 7-21-09 Customer Approval - Date: _____
 Jerry Sparling

Asset	Service Code	Description	Qty	Rate	Total
0106319300143		<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"/> Flour <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	\$74.00	296.00
		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			
Sub Total					296.00

Sales tax calculated on invoice

PAYROLL:

Class	Employee No.	Employee Name / Signature	Start	End	Work	Travel	Down	Other	Total Hours
DRIVER	33205	Roger Fowler Roger Fowler	6:30 AM	10:30 AM	4	0	0	0	4
SWAMPER			AM	AM					
TRAINEE									

JS No Signature Required



Customer Name/No. Mach 11 Ross Petroleum County/Parish Weld State CO.
 Contact Andy Service Location (Berger Battery) Wout HC
 Directions to Location RD 19N - H52 W - Rd 11N - Winto.

Yard No. 0327 Unit/Asset No. 0185247 Manifest _____ RCC No. _____
 SWD Name _____ Key SWD Customer SWD Public SWD Disposal Ticket No. _____

WORK TICKET DESCRIPTION:

Start	End	Description	# BBL	Oil/Water	Rec'd By
8:00 AM	12:00 PM	Pull on five risers	43		
		Deliver liquids to disposal.			
<u>* No product detected</u>					

Tank No.	Tank No.	Tank No.	Mileage Start	Mileage End
Top Gauge	Top Gauge	Top Gauge	5372	5377
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 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

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	Day <input checked="" type="checkbox"/> Night <input type="checkbox"/> Clear <input type="checkbox"/>
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	Drizzle <input type="checkbox"/> Humid <input type="checkbox"/> Rain <input type="checkbox"/>
Awkward Body Position <input 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	Ice <input type="checkbox"/> Snow <input type="checkbox"/> Dust <input type="checkbox"/> Fog <input type="checkbox"/>
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	Temp <u>70</u> Degrees
Lifting w/Other Employees <input 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	Wind <u>5</u> mph
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	Chains Required <input type="checkbox"/>
Access/Exit	Hand and Finger Hazards <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Straining <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Steep Grades <input type="checkbox"/>
Scaffold (properly inspected) <input type="checkbox"/> Y <input type="checkbox"/> N	Electrical Hazards <input type="checkbox"/> Y <input type="checkbox"/> N	Stretching <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Mud _____ Condition
Ladder <input type="checkbox"/> Y <input type="checkbox"/> N	Welding/Flame Cutting <input type="checkbox"/> Y <input type="checkbox"/> N	Reaching <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
Hoisting of Tools/Materials <input type="checkbox"/> Y <input type="checkbox"/> N	Mechanical Equipment <input type="checkbox"/> Y <input type="checkbox"/> N	Over Extending <input type="checkbox"/> Y <input type="checkbox"/> N	
Secure Footing <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Environmental	Jumping <input type="checkbox"/> Y <input type="checkbox"/> N	
	Pollution (Personal Exposure) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Crawling <input type="checkbox"/> Y <input 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. Unload all equip - ment to do the job.	Equipment falling onto person	1 Injury	Use proper body placement
2. Remove locks		2 Injury	Wear gloves.
		3	Use proper hand placement

Key Approval - Date: Jerry Spurling 7-28-09 Customer Approval - Date: _____
 Jerry Spurling

T 1288920

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			
<u>0185247</u>	<u>300143</u>	<input checked="" type="checkbox"/> Hour <input type="checkbox"/> Barrel <input type="checkbox"/> Load	<u>4</u>	<u>\$74.00</u>	<u>296.00</u>
		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			
		Sub Total			<u>296.00</u>

Sales tax calculated on invoice

PAYROLL:

Class	Employee No.	Employee Name / Signature	Start	End	Work	Travel	Down	Other	Total Hours
DRIVER	<u>33205</u>	<u>Roger Fowler</u>	<u>8:00 AM</u>	<u>12:00 PM</u>	<u>4.0</u>				<u>4.0</u>
SWAMPER									
TRAINEE									

AS * No Signature Required



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



Date: 8-3-09 Work Ticket No. J1355609
S M T W T F S

Customer Name/No. MACHU ROSS Petroleum County/Parish WELD State CO
Contact Andy Service Location (BERGER BATTERY) Non #0
Directions to Location H85S-H52W-R

Yard No. 0327 Unit/Asset No. 0164520 Manifest _____ RCC No. _____
SWD Name _____ Key SWD Customer SWD Public SWD Disposal Ticket No. _____

WORK TICKET DESCRIPTION:

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

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

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	Day <input type="checkbox"/> Night <input checked="" 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	Pulling, Pushing <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	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 checked="" type="checkbox"/> Y <input type="checkbox"/> N	Ice <input type="checkbox"/> Snow <input type="checkbox"/> Dust <input type="checkbox"/> Fog
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	Temp <u>90</u> 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N	Wind <u>0</u> 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	Chains Required <input type="checkbox"/>
Access/Exit	Hand and Finger Hazards <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Straining <input type="checkbox"/> Y <input type="checkbox"/> N	Sleep Grades <input type="checkbox"/>
Scaffold (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	Mud _____ Condition
Ladder <input type="checkbox"/> Y <input type="checkbox"/> N	Welding/Flame Cutting <input type="checkbox"/> Y <input type="checkbox"/> N	Reaching <input type="checkbox"/> Y <input type="checkbox"/> N	If YES to any HAZARDS - Identify: _____
Hoisting of Tools/Materials <input type="checkbox"/> Y <input type="checkbox"/> N	Mechanical Equipment <input type="checkbox"/> Y <input type="checkbox"/> N	Over Extending <input type="checkbox"/> Y <input type="checkbox"/> N	
Secure Footing <input type="checkbox"/> Y <input type="checkbox"/> N	Environmental	Jumping <input type="checkbox"/> Y <input type="checkbox"/> N	
	Pollution (Personal Exposure) <input type="checkbox"/> Y <input type="checkbox"/> N	Crawling <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
SETUP HOSE LOADING	DIAGNOSTIC POINTS TRIPPING HAZARDS	OIL LOCKS	WEAR GLOVES WATCH STEP

Kevin Siefert

Key Approval - Date: 8/3/09

Customer Approval - Date: _____

Asset	Service Code	Description	Qty	Rate	Total
0164520	300193	<input 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	4	74.00	296.00
		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 296.00

PAYROLL:

Class	Employee No.	Employee Name / Signature	Start	End	Work	Travel	Down	Other	Total Hours
DRIVER	42373	LUISA VILLAGOMEZ	1:30	5:30	4.0	-	-	-	4.0
SWAMPER TRAINER		Luisa Villagomez	PM	PM					

DWT-005 8/08

KG No Signature Required



Customer Name/No. **MACHIL ROSS Petroleum** County/Parish **WELD CO.**
 Contact **Andy** Service Location **(BERGER BATTERY) WELLS**
 Directions to Location **H855-H52W-RD11-N TO LOCATION**

Yard No. **0327** Unit/Asset No. **0185247**
 SWD Name Key SWD Customer SWD Public SWD Disposal Ticket No.

WORK TICKET DESCRIPTION:

Start	End	Description	# BBL	Oil/Water	Rec'd By
10:00 AM	2:00 PM	PULLED ON 5 RAISERS Hauled to CONQUESTS	70	W	

Tank No.	Mileage Start	Mileage End
Top Gauge	5434	5441
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 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

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 checked="" 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	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 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	<input type="checkbox"/> Ice <input type="checkbox"/> Snow <input type="checkbox"/> Dust <input type="checkbox"/> Fog
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	<input checked="" type="checkbox"/> Temp 80 Degrees
Lifting w/Other Employees <input 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 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/Exit	Hard and Finger Hazards <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Straining <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Steep Grades
Scaffold (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 Condition
Ladder <input type="checkbox"/> Y <input type="checkbox"/> N	Welding/Flame Cutting <input type="checkbox"/> Y <input type="checkbox"/> N	Reaching <input type="checkbox"/> Y <input type="checkbox"/> N	IF YES to any HAZARDS - Identify:
Hoisting of Tools/Materials <input type="checkbox"/> Y <input type="checkbox"/> N	Mechanical Equipment <input type="checkbox"/> Y <input type="checkbox"/> N	Over Extending <input type="checkbox"/> Y <input type="checkbox"/> N	
Secure Footing <input type="checkbox"/> Y <input type="checkbox"/> N	Environmental	Jumping <input type="checkbox"/> Y <input type="checkbox"/> N	
	Pollution (Personal Exposure) <input type="checkbox"/> Y <input type="checkbox"/> N	Crawling <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
SET UP HOSE	PINCH POINTS	CHAIN LOCKS	WEAR GLOVES
LOADING	SLIPPERY SURFACE		WATCH STEP
UNLOADING			SECURE FOOTING

Key Approval - Date: **Kevin Goforth** **8-11-09** Customer Approval - Date: _____

Asset	Service Code	Description	Qty	Rate	Total
0185247	300143	<input 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"/> 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	4	74.00	296.00
			Sub Total		296.00

Sales tax calculated on invoice

PAYROLL:

Class	Employee No.	Employee Name / Signature	Start	End	Work	Travel	Down	Other	Total Hours
DRIVER	42373	Luisa Villagomez	10:00	2:00	4.0	-	-	-	4.0
SWAMPER		Luisa Villagomez	AM	PM					4.0
TRAINEE									

No Signature Required



Customer Name/No. **MACH/ ROSS PETROLEUM** County/Parish **WELD** State **CO.**
 Contact **Andy** Service Location **(BERGER BATTERY) NW Hc**
 Directions to Location **H885-H52W-RD 11N TO LOCATION**

Yard No. **0327** Unit/Asset No. **0185247** Manifest _____ RCC No. _____
 SWD Name _____ Disposal Ticket No. _____

WORK TICKET DESCRIPTION:

Start	End	Description	# BBL	Oil/Water	Rec'd By
7:30 AM	11:30 AM	PULLED ON 5 RAISERS HAILED TO CONQUEST	70	W	

Tank No.	Tank No.	Tank No.	Mileage Start	Mileage End
Top Gauge	Top Gauge	Top Gauge	5466	5476
Bottom Gauge	Bottom Gauge	Bottom Gauge	Ilta _____ State _____	Ilta _____ 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 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

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 checked="" 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 checked="" 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	Pulling, Pushing <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 checked="" 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 checked="" type="checkbox"/> Temp 55 Degrees
Lifting w/Other Employees <input 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 0 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/Exit	Hand and Finger Hazards <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Straining <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Sleep Grades
Scaffold (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 _____ Condition _____
Ladder <input type="checkbox"/> Y <input type="checkbox"/> N	Welding/Flame Cutting <input type="checkbox"/> Y <input type="checkbox"/> N	Reaching <input type="checkbox"/> Y <input type="checkbox"/> N	If YES to any HAZARDS - Identify: _____
Holding of Tools/Materials <input type="checkbox"/> Y <input type="checkbox"/> N	Mechanical Equipment <input type="checkbox"/> Y <input type="checkbox"/> N	Over Extending <input type="checkbox"/> Y <input type="checkbox"/> N	
Secure Footing <input type="checkbox"/> Y <input type="checkbox"/> N	Environmental	Jurmping <input type="checkbox"/> Y <input type="checkbox"/> N	
	Pollution (Personal Exposure) <input type="checkbox"/> Y <input type="checkbox"/> N	Crawling <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
SETUP HOSE	SLIP/TRIP HAZ		SECURE FOOTING
LOADING	HIGH NOISE LEVEL		USE EARPLUGS
UNLOADING	FIRE POTENTIALS		GROUND TRUCK

Key Approval - Date: **Kevin Goforth** **8-18-09** Customer Approval - Date: _____

Asset	Service Code	Description	Qty	Rate	Total
0185247	30043	<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Trans/Vac <input type="checkbox"/> Vacuum	4	74.00	296.00
		Minimum <input type="checkbox"/> 130 BBL <input checked="" 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			
		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			
		Sub Total			296.00

Sales tax calculated on invoice

PAYROLL:

Class	Employee No.	Employee Name / Signature	Start	End	Work	Travel	Down	Other	Total Hours
DRIVER	42373	Luisa Villagomez	7:30 AM	11:30 AM	4	-	-	-	4.0
SWAMPER		Luisa Villagomez	AM	AM					
TRAINEE									

No Signature Required



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



Date: 8-24-09 Work Ticket No. 1355793
S M T W T F S

T1355793

Customer Name/No.	MARSH ROSS PETROLEUM	County/Parish	WELD	State	CO
Contact	Andy	Service Location	(BERGER BATTERY) way HC		
Directions to Location	H 855-H52W-R11N TO LOCATION				

Yard No.	0327	Unit/Asset No.	0185247	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
6:30	10:30	PULLED ON 5 RAINERS AM AM HAULED TO CONQUEST	70		

Tank No.	Tank No.	Tank No.	Mileage Start	Mileage End
Top Gauge	Top Gauge	Top Gauge	5510	5514
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
- Cotton/ Rubber Gloves
- Safety Glasses
- Other - Explain:
- Face Shields / Goggles
- Wheel Chock/Cones
- Confined Space Permit
- Work Permit Required
- H2S / Tit-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) <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 checked="" 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	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 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	<input type="checkbox"/> Ice <input type="checkbox"/> Snow <input type="checkbox"/> Dust <input type="checkbox"/> Fog
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	<input checked="" type="checkbox"/> Temp 66 Degrees
Lifting w/Other Employees <input 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 _____ mph
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	<input type="checkbox"/> Chains Required
Access/Exit	Hand and Finger Hazards <input type="checkbox"/> Y <input type="checkbox"/> N	Straining <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Steep Grades
Scaffold (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 _____ Condition
Ladder <input type="checkbox"/> Y <input type="checkbox"/> N	Welding/Flame Cutting <input type="checkbox"/> Y <input type="checkbox"/> N	Resching <input type="checkbox"/> Y <input type="checkbox"/> N	
Hoisting of Tools/Materials <input type="checkbox"/> Y <input type="checkbox"/> N	Mechanical Equipment <input type="checkbox"/> Y <input type="checkbox"/> N	Over Extending <input type="checkbox"/> Y <input type="checkbox"/> N	If YES to any HAZARDS - Identify:
Secure Footing <input type="checkbox"/> Y <input type="checkbox"/> N	Environmental	Jumping <input type="checkbox"/> Y <input type="checkbox"/> N	
	Pollution (Personal Exposure) <input type="checkbox"/> Y <input type="checkbox"/> N	Crawling <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
ARRIVE ON SITE	ROLL DOWN ROPE	SLAM DOORS	SHOCKING W/ BELT
SET UP HOSE	PINCH POINTS		WEAR GLOVES
LOADING	HIGH NOISE LEVEL		USE EARPLUGS

Key Approval - Date: Kevin Goforth 8-25-09

Customer Approval - Date:

Asset	Service Code	Description	Qty	Rate	Total
018524730043		<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Trans/Vac <input type="checkbox"/> Vacuum	4		
		Minimum <input type="checkbox"/> 130 BBL <input type="checkbox"/> 60-80 BBL <input type="checkbox"/> 50 BBL	40	74.00	296.00
		<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	13		
		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			
		Sub Total			296.00

Sales tax calculated on invoice

PAYROLL:

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

No Signature Required
KGO



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



Date: 8-31-09 Work Ticket No. T1355954
S O T W T F S

Customer Name/No. MacHill Ross Petroleum County/Parish Weld State CO
Contact Andy Service Location (Berger Battery) N on #0
Directions to Location R19S-452W-R11N-W120

Yard No. 0327 Unit/Asset No. 0106319 Manifest _____ RCC No. _____
SWD Name _____ Key SWD Customer SWD Public SWD Disposal Ticket No. _____

WORK TICKET DESCRIPTION:

Start	End	Description	# BBL	Oil/Water	Rec'd By
8:30 AM	12:00 PM	Pull on Five risers.	54		
		Deliver liquids to disposal.			
		Return to Key yard.			
* 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	lfta _____ State _____	lfta _____ 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 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

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	Pulling, Pushing <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 checked="" 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 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	<input type="checkbox"/> Temp <u>60</u> Degrees
Lifting w/Other Employees <input 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>5</u> mph
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	<input type="checkbox"/> Chains Required
Access/Exit	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
Scaffold (properly inspected) <input type="checkbox"/> Y <input type="checkbox"/> N	Electrical Hazards <input type="checkbox"/> Y <input type="checkbox"/> N	Stretching <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Mud _____ Condition
Ladder <input type="checkbox"/> Y <input type="checkbox"/> N	Welding/Flame Cutting <input type="checkbox"/> Y <input type="checkbox"/> N	Reaching <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	If YES to any HAZARDS - Identify:
Hoisting of Tools/Materials <input type="checkbox"/> Y <input type="checkbox"/> N	Mechanical Equipment <input type="checkbox"/> Y <input type="checkbox"/> N	Over Extending <input type="checkbox"/> Y <input type="checkbox"/> N	
Secure Footing <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Environmental	Jumping <input type="checkbox"/> Y <input type="checkbox"/> N	
	Pollution (Personal Exposure) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Crawling <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 hoses needed to do the job.	Have falling onto body		1. Use of proper hook fastener to keep hose from falling on to body. 2. Slow down.

Key Approval - Date: Kevin Goforth 9-5-09 Customer Approval - Date: _____

Asset	Service Code	Description	Qty	Rate	Total
0106319		<input type="checkbox"/> Transport <input checked="" type="checkbox"/> Trans/Vac <input type="checkbox"/> Vacuum			
0106319	300143	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 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"/> 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					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	8:30	12:00	3.5	-	-	-	3 1/2
SWAMPER	(33205)		AM	PM					
TRAINEE									



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



Date: 9-14-09 Work Ticket No. T1355979
S M T W T F S

Customer Name/No. **MACHU ROSS PETROLEUM CO.** County/Parish **WELD CO.** State **CO.**
 Contact **Amy** Service Location **(BERGER BATTERY) NEM HO**
 Directions to Location **R19N-RGW-R11W TO LOCATION**

Yard No. **0327** Unit/Asset No. **0164520** Manifest _____ RCC No. _____
 SWD Name _____ Key SWD Customer SWD Public SWD Disposal Ticket No. _____

WORK TICKET DESCRIPTION:

Start	End	Description	# BBL	Oil/Water	Rec'd By
8:30 AM	12:00 PM	PULLED 5 RASERS HAULED TO CONQUEST TO UNLOAD	70	W	
No oil					

Tank No.	Tank No.	Tank No.	Mileage Start	Mileage End
Top Gauge	Top Gauge	Top Gauge	lfta _____ State _____	lfta _____ State _____
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 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

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 checked="" 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	Pulling, Pushing <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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Temp 65 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Wind _____ 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/Exit	Hand and Finger Hazards <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Straining <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Sleep Grades
Scaffold (properly inspected) <input type="checkbox"/> Y <input type="checkbox"/> N	Electrical Hazards <input type="checkbox"/> Y <input type="checkbox"/> N	Reaching <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Mud _____ Condition
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	# YES to any HAZARDS - Identify: _____
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 type="checkbox"/> Y <input type="checkbox"/> N	Pollution (Personal Exposure) <input type="checkbox"/> Y <input type="checkbox"/> N	Crawling <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
SET UP HOSES	BACKSTRAINING		USE PROPER POSITION
LOADING	HIGH NOISE		USE EARPLUGS

Key Approval - Date: Kevin Goforth 9/15/09

Customer Approval - Date: Approved Amy P.

No Signature Required

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 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"/> 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	3.5	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	42373	LUISA VILLAGOMEZ	8:30 AM	12:00 PM	3.5	-	-	-	3.5
SWAMPER TRAINEE		Luisa Villagomez	AM	PM					

DWT-005 8/08

RECEIVED

SEP 25 2009

PARAGON