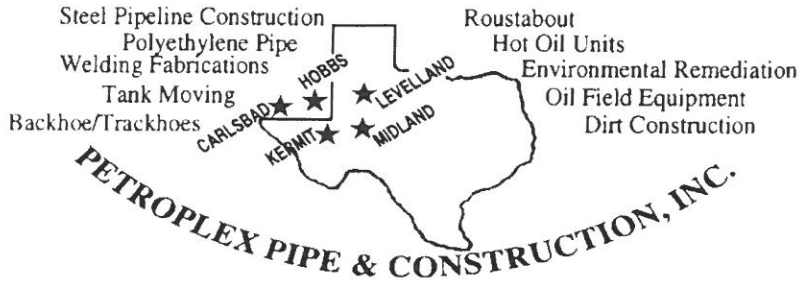


ORIGINAL INVOICE



P.O. Box 5412
Midland, TX 79704-5412
(432) 697-4540

INVOICE NO.	1312463
INVOICE DATE	11/27/2018
DELIVERY TICKET	725475
P.O. NUMBER	
AFE	
ATTN	Shane Mansell

Page 1

SOLD TO:

Endeavor Energy Resources L.P.
1700 E. CR 115
Midland TX 79706

SHIP TO:

Minus 18 Battery

QUANTITY	DESCRIPTION	PRICE/RATE	AMOUNT
1.0 Each	Hot Oiler w/operator 11/19/18 Drove to location, rigged up to tank 2, transfer tank 2 to tank 1 Tim Kirby	\$325.50	\$325.50
		SUBTOTAL	\$325.50
		SALES TAX	\$0.00
		TOTAL	\$325.50

TERMS: NET 30 Days From Invoice Date

Past Due Accounts Will Be Charged At The Rate Allowable By Law.
Due and Payable in Midland County, Texas

Date: 11-19-19

Company Name:

Charge to: Lease/Unit

County: Martin

State:

JSA/JSC

Phone #:

Reference #:

THIS IS NOT AN INVOICE

DO NOT PAY FROM THIS TICKET

1312463
FIELD TICKET

725475

Pre-Job Hazard Assessment

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Lifting Hazard *
<input type="checkbox"/> Walking/Trip Hazard
<input type="checkbox"/> Pinch, Crush Hazard
<input type="checkbox"/> Elevated Load
<input type="checkbox"/> Energy Release | <input type="checkbox"/> Electrical Shock
<input type="checkbox"/> Chemical Exposure
<input type="checkbox"/> Confined Space
<input type="checkbox"/> Fire/Explosion
<input checked="" type="checkbox"/> Overhead Power Line | <input type="checkbox"/> Moving Equipment
<input type="checkbox"/> High Noise Level
<input type="checkbox"/> Short Service Employee
<input type="checkbox"/> Fall Potential
<input checked="" type="checkbox"/> Evacuation Hazard | <input checked="" type="checkbox"/> H2S Potential
<input type="checkbox"/> Environmental/Weather
<input type="checkbox"/> Other |
|--|--|---|---|

Safety Equipment Required To Do This Job

- | | | | |
|---|---|---|--------------------------------------|
| <input type="checkbox"/> Hard Hat | <input checked="" type="checkbox"/> Fire Extinguisher | <input checked="" type="checkbox"/> Multi-gas Monitor | <input type="checkbox"/> Face Shield |
| <input checked="" type="checkbox"/> Safety Glasses | <input type="checkbox"/> Protective Outerwear | <input type="checkbox"/> Fall Protection | <input type="checkbox"/> Work Permit |
| <input type="checkbox"/> Gloves | <input type="checkbox"/> Rubber boots/gloves | <input type="checkbox"/> Particulate Respirator/Mask | <input type="checkbox"/> LO/TO |
| <input checked="" type="checkbox"/> Steel Toe Boots | <input checked="" type="checkbox"/> H2S Monitor | <input type="checkbox"/> SCBA/Work Unit | <input type="checkbox"/> Other |

Safe Work Practices

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Hot Work Permit | <input checked="" type="checkbox"/> Pre-Job Safety | <input type="checkbox"/> Site Orientation | <input type="checkbox"/> Simultaneous Operations |
| <input type="checkbox"/> Lockout/Tagout | <input type="checkbox"/> Confined Space Permit | <input type="checkbox"/> Emergency Action Plan | <input type="checkbox"/> Other |
| <input type="checkbox"/> Barricades | <input type="checkbox"/> Special PPE | <input type="checkbox"/> Pollution Control | |

[illegible]

Job Description/Work Performed

Drove to location, rigged up to tank 2, transferred tank 2 to tank 1

I certify that the time shown below is a true assessment of the hours worked, and that I have not had, nor witnessed an accident, injury, or other incident during this period, unless indicated above.

Truck #	Equipment/Materials	Hours	Rate	Total
64	test truck operator	transfer al		325.50
		Fuel Surcharge		
		Tax (if applicable)		
Employee Name	Hours	Fuel Surcharge	Tax (if applicable)	Ticket Total 325.50

Ticket Total	325.50
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Employee Name	Hours	Employee Signature	Ticket Total
Time Kelly		[Signature]	325.50
			Customer Approval
			Services/Goods Verified
			X _____
			Signature _____
			Printed Name: _____
			Date: _____