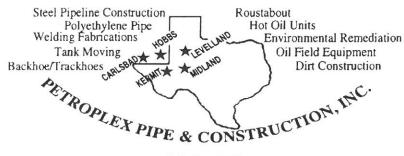
ORIGINAL INVOICE



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

INVOICE NO.	1313269
INVOICE DATE	1/1/2019
DELIVERY TICKET	727859
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:

Miller 5-3

QUANTITY	DESCRIPTION	PRICE/RATE	AMOUNT
1.0 Each	Hot Oiler w/operator	\$352.63	\$352.
	12/20/2018 Loaded 70bbls oil, hot oiled 70bbls down casing		
	Tim Kirby		
		SUBTOTAL	\$352.6
TERM	IS: NET 30 Days From Invoice Date	SALES TAX	\$0.0

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

\$352.63 TOTAL

P. O. Box 5412 Midland, TX 79704

Phone: 432-697-4540

Petroplex Pipe & Construction, Inc. THIS IS NOT AN INVOICE

1313269

727859 FAX: 432-697-2133 DO NOT PAY FROM THIS TICKET 12.70.18 Date: Endeavor Company Name: Miller 5 **Customer Contact:** Charge to: Lease/Unit Well #: Phone #: County: Martin State: JSA/JSC Reference #: Pre-Job Hazard Assessment Lifting Hazard *
Walking/Trip Hazard Electrical Shock Chemical Exposure Moving Equipme
High Noise Level Moving Equipment H2S Potential ☐ Environmental/Weather Pinch, Crush Hazard Confined Space ☐ Short Service Employee ☐ Other Elevated Load ☐ Fire/Explosion Fall Potential Energy Release ✓ Overhead Power Line Evacuation Hazard Safety Equipment Required To Do This Job Hard Hat Fire Extinguisher
Protective Outerwear Multi-gas Monitor ☐ Face Shield Safety Glasses ☐ Fall Protection ☐ Work Permit Gloves □ LO/TO Rubber boots/gloves Particulate Respirator/Mask Steel Toe Boots H2S Monitor SCBA/Work Unit Other Safe Work Practices ☐ Hot Work Permit Pre-Job Safety ☐ Site Orientation ☐ Simultaneous Operations ☐ Lockout/Tagout Confined Space Permit ☐ Emergency Action Plan ☐ Barricades Special PPE ☐ Pollution Control **Basic Job Steps** Potential Hazards Recommendations to Reduce or Eliminate Hazards Co-start Job Description/Work Performed

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# E	quipment/Materials	, ,	Hours	,	Rate	Total	
64	hotal tru	k-lopenetal	Conti	act		352.43/	
		Fu	el Surcharge				
	Tax (if applicable)						
						Ticket Total 352. (
mployee Name Hours Employee Sigr		Employee Signature			Customer Approval		
Truckithy		Difa:		Services/Goods Verified X			
			Printe	d Name:	nature		

Date: