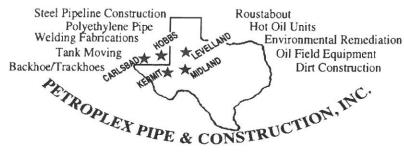
ORIGINAL INVOICE



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

INVOICE NO.	1315812	
INVOICE DATE	4/15/2019	
DELIVERY TICKET	732849	
P.O. NUMBER		
AFE		
ATTN	CHRIS GORDEN	

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SOLD TO:

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

CRAWFORD 43 #7

QUANTITY	DESCRIPTION	PRICE/RATE	AMOUNT
QUANTITY 1.0 Each	DESCRIPTION Hot Oiler Woperator 04/10/2019 DENNIS DARNELL LOAD FRESH WATER,RIG UP ON FLOWLINE PUMP, FLOWLINE CLEAR.	PRICE/RATE \$434.00	AMOUNT \$434.00
		SUBTOTAL	\$434.00
			Ψ-10-7:00

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

 SUBTOTAL
 \$434.00

 SALES TAX
 \$0.00

 TOTAL
 \$434.00

P. O. Box 5412 Midland, TX 79704

Phone: 432-697-4540 FAX: 432-697-2133

Petroplex Pipe & Construction, Inc. THIS IS NOT AN INVOICE DO NOT PAY FROM THIS TICKET



Date: Endeavos Chis Gorda Company Name: **Customer Contact:** Charge to: Lease/Unit Well #: Phone #: JSA/JSC Reference #: Pre-Job Hazard Assessment Lifting Hazard * Moving Equipment
High Noise Level ☐ Electrical Shock H2S Potential
Environmental/Weather Walking/Trip Hazard Chemical Exposure Pinch, Crush Hazard Confined Space ☐ Short Service Employee ☐ Other ☐ 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 ☐ Steel Toe Boots Rubber boots/gloves
H2S Monitor ☐ Particulate Respirator/Mask □ LO/TO SCBA/Work Unit ☐ Other Safe Work Practices Pre-Job Safety ☐ Hot Work Permit Site Orientation
Emergency Action Plan ☐ Simultaneous Operations ☐ Lockout/Tagout Confined Space Permit Other Barricades Special PPE ☐ Pollution Control Basic Job Steps Potential Hazards Recommendations to Reduce or Eliminate Hazards Flowlone gregs me Job Description/Work Performed move Broke that the time shown below is a true assessment of the hours worked, and that I have not had, nor an accident, injury, or other incident during this period, unless indicated above. Truck # Equipment/Materials Hours Rate Total 155 Het oil Truck you 434.001 Fuel Surcharge Tax (if applicable) Ticket Total **Employee Name** Hours Employee Signature **Customer Approval** Services/Goods Verified Signature Printed Name: Date: