

800 GESSNER ROAD
SUITE 1000
HOUSTON, TX 77024
(713) 935-8900
(713) 935-8901 (FAX)



DAILY WORK TICKET

63379

RRC # _____

REPORT # _____ HUB METER _____ RIG # 14

Customer Name Synergy Customer AFE # _____ Date 11/2/15

Mailing Address _____ City Houston State CO. Zip _____ County Weld

Field _____ Lease State Well 16-4 Order # _____

Work Description:
Workover _____ Rod _____ Rod & Tubing _____ Re-entry _____
Swabbing _____ Tubing _____ Completion _____ P & A ☒

BILLING						
DESCRIPTION	RATE		TOTAL	WORKOVER EQUIPMENT	QTY.	RATE Hr. / Day / Ea.
RIG & CREW	<u>7 1/2</u> Hrs. @	<u>275.00</u> Per Hr.	<u>687.50</u>	BOP		
EXTRA LABOR	Hrs. @	Per Hr.		Pump		
RIG FUEL	Hrs. @	Per Hr.		Tank		
PUMP FUEL	Hrs. @	Per Hr.		Base Beam		
RECHARGE ITEMS	QTY.	RATE Hr. / Day / Ea.		Pipe Handler		
Crew Travel				Catwalk		
Tool Pusher				Pipe Racks		
Per Diem				Power Swivel		
Stripper Rubbers				JU / Washington H		
Pipe Wipers				Rod / TBG Tongs		
Tong Dies				Adapter Flange		
Slip Dies				SWABBING EQUIPMENT		
Safety Valve				Swab Cups - Size		
Fishing Tools				OSR		
Pipe Dope				Swabbing Acid		
Handling Equipment				Fishing Tools		
<u>15% D. surch</u>			<u>\$103.12</u>			<u>687.50</u>
						<u>\$584.38</u>

MISCELLANEOUS:

TOTAL BILLABLE AMOUNT THIS FIELD REPORT \$

DESCRIPTION OF WORK:

TIME STARTED 6:00 TIME STOPPED 6:30

Crew Travel Safety meeting Check/Start up
RIG RIGU Spot id tank 6 spot in pump Blow
down well unable to pump down CS9 pump down
TBG Break little to none circulation NO well free
NO BOP Roll on TBG Shock TBG work for 2 1/2
hrs worked Free Tool LD 47 ft Shut well in Drain
pump tank Shut down Crew Travel

PAYROLL SECTION

EMPLOYEE	Emp. #	Revenue Hours	Travel Hours	Non-Revenue Hours	TOTAL
OPERATOR <u>Scott Anderson</u>		<u>10 1/2</u>	<u>2</u>		<u>12 1/2</u>
DERRICK <u>Steve Garcia</u>					
FLOORHAND <u>Matt White</u>					
FLOORHAND					
FLOORHAND					

NO ACCIDENTS PER MY SIGNATURE

BAYOU WORKOVER SERVICES RIG SUPERVISOR

CUSTOMER / AGENT

WHITE - CUSTOMER CANARY - HOUSTON COPY PINK - RIG COPY GOLD - FIELD COPY

BWS <small>WORKS</small>	REV: 2	PAGE: 1 of 2	ORIGINAL ISSUE DATE: 11/29/2010	REVISION DATE: 2/6/2014															
FORM #: HSE-NA-FM-0003		PREPARED BY: DOUG BARNETTE	REVIEWED BY: SCOTT ROBINSON	APPROVED BY: SCOTT ROBINSON															
TITLE: JOB SAFETY ANALYSIS (JSA) FORM																			
This form must be filled out prior to the start of each new job, every day for every work crew on location and must be re-visited if conditions change in the scope of work or environment.																			
Site/Location/Well # <u>State 16-5</u>		Date: <u>11/2</u>	Customer Company Name: <u>Sperry</u>	Customer Rep Name/ID: <u>Terry</u>															
Directions To Site: <u>CL 44 & 17 N 1/4 E 1/2 Twp</u>		Emergency Muster Points Primary: <u>Do not</u> Secondary: <u>EO</u>																	
Emergency Response Numbers																			
Contact	Location	Phone	Name	Title															
Police/ Sheriff	<u>Johnstown</u>	<u>970 5875333</u>	<u>Tash Anderson</u>	<u>PO</u>															
Fire			<u>Jason Anderson</u>	<u>LD</u>															
Ambulance			<u>Shirley</u>	<u>S</u>															
Hospital	<u>Leadland</u>	<u>970 6292500</u>	<u>Paul</u>	<u>P</u>															
Clinic																			
Is "911" accessible from this location? Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>			24-Hour Emergency Call Center																
Nearest Customer Field Office:			Nearest Customer Control Room Number:																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"> Potential Hazards: <input checked="" type="checkbox"/> Lifting hazards <input checked="" type="checkbox"/> Fall potential <input type="checkbox"/> Electrical shock <input type="checkbox"/> Respiratory hazard <input type="checkbox"/> Ionizing radiation </td> <td style="width:33%;"> <input checked="" type="checkbox"/> High noise levels <input type="checkbox"/> Confined spaces <input checked="" type="checkbox"/> Elevated load or work <input type="checkbox"/> Short service employees <input checked="" type="checkbox"/> Potential release of energy <input type="checkbox"/> Water/ drowning hazard </td> <td style="width:33%;"> <input checked="" type="checkbox"/> Weather extremes <input type="checkbox"/> Pinch or striking hazards <input checked="" type="checkbox"/> Sharp edges or hot/cold surfaces <input checked="" type="checkbox"/> Fire or explosion potential <input type="checkbox"/> Chemical hazard <input type="checkbox"/> Gas Hazard (e.g. H₂S) </td> </tr> <tr> <td colspan="3"> Safe Work Practices: (check all that apply) <input type="checkbox"/> Confined Space Entry Permit <input type="checkbox"/> Energized Electrical Work Permit <input type="checkbox"/> Simultaneous Operations (SimOps) </td> </tr> <tr> <td colspan="3"> PPE for Job Task: (Check all that apply) <input checked="" type="checkbox"/> Required PPE (HH, steel toed boots, FRC, safety glasses) <input type="checkbox"/> Lifeline/Body Harness </td> </tr> <tr> <td colspan="3"> Potential Environmental Impacts: (Check all that apply) <input checked="" type="checkbox"/> Equipment or operation noise <input checked="" type="checkbox"/> Release of gas/liquid/solid or dust <input type="checkbox"/> Hazardous waste handling /transport / disposal <input type="checkbox"/> Archeological or historical site impact </td> </tr> <tr> <td colspan="3"> Applicable Environmental Mitigation: (Check all that apply) <input type="checkbox"/> Secondary containment / Drip pans required <input type="checkbox"/> Grading, berming or other spill mitigation <input type="checkbox"/> Hazardous waste manifests <input checked="" type="checkbox"/> Hose/connection inspection and protocol <input type="checkbox"/> Chemical storage area with proper controls </td> </tr> </table>					Potential Hazards: <input checked="" type="checkbox"/> Lifting hazards <input checked="" type="checkbox"/> Fall potential <input type="checkbox"/> Electrical shock <input type="checkbox"/> Respiratory hazard <input type="checkbox"/> Ionizing radiation	<input checked="" type="checkbox"/> High noise levels <input type="checkbox"/> Confined spaces <input checked="" type="checkbox"/> Elevated load or work <input type="checkbox"/> Short service employees <input checked="" type="checkbox"/> Potential release of energy <input type="checkbox"/> Water/ drowning hazard	<input checked="" type="checkbox"/> Weather extremes <input type="checkbox"/> Pinch or striking hazards <input checked="" type="checkbox"/> Sharp edges or hot/cold surfaces <input checked="" type="checkbox"/> Fire or explosion potential <input type="checkbox"/> Chemical hazard <input type="checkbox"/> Gas Hazard (e.g. H ₂ S)	Safe Work Practices: (check all that apply) <input type="checkbox"/> Confined Space Entry Permit <input type="checkbox"/> Energized Electrical Work Permit <input type="checkbox"/> Simultaneous Operations (SimOps)			PPE for Job Task: (Check all that apply) <input checked="" type="checkbox"/> Required PPE (HH, steel toed boots, FRC, safety glasses) <input type="checkbox"/> Lifeline/Body Harness			Potential Environmental Impacts: (Check all that apply) <input checked="" type="checkbox"/> Equipment or operation noise <input checked="" type="checkbox"/> Release of gas/liquid/solid or dust <input type="checkbox"/> Hazardous waste handling /transport / disposal <input type="checkbox"/> Archeological or historical site impact			Applicable Environmental Mitigation: (Check all that apply) <input type="checkbox"/> Secondary containment / Drip pans required <input type="checkbox"/> Grading, berming or other spill mitigation <input type="checkbox"/> Hazardous waste manifests <input checked="" type="checkbox"/> Hose/connection inspection and protocol <input type="checkbox"/> Chemical storage area with proper controls		
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GPS Information Degree W: <u>104° 45' 39"</u> Degree N: <u>40° 32' 54"</u> Elevation: <u>4980 ft</u>			Site Layout / Emergency Response Map 																
Comments:																			

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(713) 935-8901 (FAX)



63380

RRC # _____

REPORT # _____ HUB METER _____ RIG # 14

Customer Name Synergy Customer AFE # _____ Date TUES 11-3-15

Mailing Address _____ City JOHNSTOWN State CO Zip _____ County WELD

Field DJ BASIN Lease STATE 16-5 Well _____ Order # _____

Work Description: Workover _____ Rod _____ Rod & Tubing _____ Re-entry _____
Swabbing 2.875 C. 534 Tubing 1.9 2.4# Completion _____ P & A ☒

BILLING						
DESCRIPTION	RATE		TOTAL	WORKOVER EQUIPMENT	QTY.	RATE Hr. / Day / Ea.
RIG & CREW	Hrs. @	Per Hr.		BOP		
EXTRA LABOR	Hrs. @	Per Hr.		Pump		
RIG FUEL	Hrs. @	Per Hr.		Tank		
PUMP FUEL	Hrs. @	Per Hr.		Base Beam		
RECHARGE ITEMS	QTY.	RATE Hr. / Day / Ea.				
Crew Travel				Pipe Handler		
Tool Pusher				Catwalk		
Per Diem				Pipe Racks		
Stripper Rubbers				Power Swivel		
Pipe Wipers				JU / Washington H		
Tong Dies				Rod / TBG Tongs		
Slip Dies				Adaptor Flange		
Safety Valve				SWABBING EQUIPMENT		
Fishing Tools				Swab Cups - Size		
Pipe Dope				OSR		
Handling Equipment				Swabbing Acid		
				Fishing Tools		
				Extra Tank		

MISCELLANEOUS: _____ TOTAL BILLABLE AMOUNT THIS FIELD REPORT \$ _____

DESCRIPTION OF WORK: _____

TIME STARTED 6:00 am TIME STOPPED 4:30 pm

6:00-6:30am - Crew travel to location

Start & check fluids on all equipment, Tailgate safety meeting,

Check pressure on well (Ops/Ops) Lay down 223 jts 1 1/2 tubing,

Rig up wireline, Set plug @ 4880', Pumpback 2 ex cement, Rig down

wireline, ND BOP & tubing well head, Unland 2 1/8 casing, Work casing,

only 5400' free, call Diana Burns w/ LOALL & get approval to cut

@ 5300', NU BOP & casing wellhead spool while waiting on state, Rig up

wireline & shoot collar buster (not free), Shoot jet cutter @ 5300', SWIFT

4:00-4:30pm - Crew travel to House

PAYROLL SECTION					
EMPLOYEE	Emp. #	Revenue Hours	Travel Hours	Non-Revenue Hours	TOTAL
OPERATOR <u>Steven Garcia</u>		<u>9.5</u>	<u>1</u>		<u>10.5</u>
DERRICK <u>Math White</u>		<u>9.5</u>	<u>1</u>		<u>10.5</u>
FLOORHAND <u>Spencer Halbey</u>		<u>9.5</u>	<u>1</u>		<u>10.5</u>
FLOORHAND					
FLOORHAND					

NO ACCIDENTS PER MY SIGNATURE _____

BAYOU WORKOVER SERVICES RIG SUPERVISOR

CUSTOMER / AGENT

WHITE - CUSTOMER CANARY - HOUSTON COPY PINK - RIG COPY GOLD - FIELD COPY

800 GESSNER ROAD
SUITE 1000
HOUSTON, TX 77024
(713) 935-8900
(713) 935-8901 (FAX)



63381

RRC # _____

REPORT # _____ HUB METER _____ RIG # 14

Customer Name	<u>Synergy</u>	Customer AFE #		Date	<u>11/4/15</u>
Mailing Address	<u>Johnstown Co.</u>	City	<u>Johnstown</u>	State	<u>Weld.</u>
Field	<u>State 16-4</u>	Lease		Well	
Work Description:		Order #			
Workover		Rod		Rod & Tubing	
Swabbing		Tubing		Completion	
				Re-entry	
				P & A	<u>X</u>

BILLING						
DESCRIPTION	RATE		TOTAL	WORKOVER EQUIPMENT	QTY.	RATE Hr. / Day / Ea.
RIG & CREW	Hrs. @	Per Hr.		BOP		
EXTRA LABOR	Hrs. @	Per Hr.		Pump		
RIG FUEL	Hrs. @	Per Hr.		Tank		
PUMP FUEL	Hrs. @	Per Hr.		Base Beam		
RECHARGE ITEMS	QTY.	RATE Hr. / Day / Ea.		Pipe Handler		
Crew Travel				Catwalk		
Tool Pusher				Pipe Racks		
Per Diem				Power Swivel		
Stripper Rubbers				JU / Washington H		
Pipe Wipers				Rod / TBG Tongs		
Tong Dies				Adapter Flange		
Slip Dies				SWABBING EQUIPMENT		
Safety Valve				Swab Cups - Size		
Fishing Tools				OSR		
Pipe Dope				Swabbing Acid		
Handling Equipment				Fishing Tools		
				Extra Tank		

MISCELLANEOUS: TOTAL BILLABLE AMOUNT THIS FIELD REPORT \$

DESCRIPTION OF WORK: TIME STARTED 7:00 TIME STOPPED 5:00 pm

Crew Travel Safety meeting Check / Start casing RU to Circulate
Roll for 1 Hour Trv to work TBG came up couldn't go down 11 ft at
to work pipe condition hole for 5 1/2 hrs RU Cement Crew
pump Cement 50 Sks RU Cement Test w/ 167, to and cut Jt.
Drain pump / Tank Shut down Clean up location Crew Travel

(pump 50 SACKS w/ 167 Jts plus cut Jt (2 7/8 TBG) (@ 5267)

PAYROLL SECTION						5267
EMPLOYEE	Emp. #	Revenue Hours	Travel Hours	Non-Revenue Hours	TOTAL	
OPERATOR <u>Scott Anderson</u>						
DERRICK <u>Jasper Halsey</u>						
FLOORHAND <u>Steve Garcia</u>						
FLOORHAND <u>Matt White</u>						
FLOORHAND						

NO ACCIDENTS PER MY SIGNATURE _____

BAYOU WORKOVER SERVICES RIG SUPERVISOR

CUSTOMER / AGENT



REV:

2

PAGE:

2 of 2

ORIGINAL ISSUE DATE:

11/29/2010

REVISION DATE:

2/6/2014

FORM #: HSE-NA-FM-0003

PREPARED BY: DOUG BARNETTE

REVIEWED BY: SCOTT ROBINSON

APPROVED BY: SCOTT ROBINSON

TITLE:

JOB SAFETY ANALYSIS (JSA) FORM

List and discuss the Major Job Steps, the Potential Hazards of each step, associated Consequences and actions to eliminate or reduce hazards. Revise as conditions change during the course of the day's activities.

Major Job Steps	Potential Hazards & Consequences	Actions Taken to Eliminate Hazard/Barriers in Place	Person Responsible for Corrective Action
Pump Cement	High psi line	Use Good communication. Stay away from	
	at fire steps	High psi lines. Make sure people tied	
	trips falls	off. Watch footing and hand placement	
Tooth / L.D	pinch points	be aware of your surroundings always	
	Suspended load	know an escape route	
	Overhead objects		
	Chemicals		

Have all contractor/3rd party employees received required field orientation(s)?☒ Yes ☐ No

Does everyone involved in the work understand the job hazards, processes, and safe work practices?

☒ Yes ☐ No

Are all applicable permits in place (hot work, confined space, lockout/tagout)?



☒ Yes ☐ No

Are all workers trained in the specific job tasks?

☒ Yes ☐ No

Does everyone understand the emergency evacuation plan?

☒ Yes ☐ No

Print/Sign	Print/Sign	Print/Sign	Print/Sign	Print/Sign	Print/Sign
					
Doug Barnett COGCC					
Mark White					
Steve Gocich					
					
Spencer H.					

800 GESSNER ROAD
SUITE 1000
HOUSTON, TX 77024
(713) 935-8900
(713) 935-8901 (FAX)



DAILY WORK TICKET

63382

RRC # _____

REPORT # _____ HUB METER _____ RIG # 14

Customer Name Synergy Customer AFE # _____ Date 11/5/15

Mailing Address Tonkstown Co. City Wich State _____ Zip _____

Field State 16-4 Lease _____ Well _____ Order # _____

Work Description: Workover _____ Rod _____ Rod & Tubing _____ Re-entry _____
Swabbing _____ Tubing _____ Completion _____ P & A X

BILLING						
DESCRIPTION	RATE		TOTAL	WORKOVER EQUIPMENT	QTY.	RATE Hr. / Day / Ea.
RIG & CREW	Hrs. @	Per Hr.		BOP		
EXTRA LABOR	Hrs. @	Per Hr.		Pump		
RIG FUEL	Hrs. @	Per Hr.		Tank		
PUMP FUEL	Hrs. @	Per Hr.		Base Beam		
RECHARGE ITEMS	QTY.	RATE Hr. / Day / Ea.		Pipe Handler		
Crew Travel				Catwalk		
Tool Pusher				Pipe Racks		
Per Diem				Power Swivel		
Stripper Rubbers				JU / Washington H		
Pipe Wipers				Rod / TBG Tongs		
Tong Dies				Adapter Flange		
Slip Dies				SWABBING EQUIPMENT		
Safety Valve				Swab Cups - Size		
Fishing Tools				OSR		
Pipe Dope				Swabbing Acid		
Handling Equipment				Fishing Tools		
				Extra Tank		

MISCELLANEOUS: TOTAL BILLABLE AMOUNT THIS FIELD REPORT \$ _____

DESCRIPTION OF WORK: TIME STARTED 6:00 TIME STOPPED 2:00

Crew travel Safety meeting Check 15 start equip
Check well psi 0 RI w/ 153, ts tag @ 4780'
ToolH LD 45, ts RU Cement crew pump 50525 RD
Cement crew ToolH 10, ts @ 3390' - Shut well in
Shut down Crew travel



PAYROLL SECTION					
EMPLOYEE	Emp. #	Revenue Hours	Travel Hours	Non-Revenue Hours	TOTAL
OPERATOR <u>Scott Anderson</u>		<u>6</u>	<u>2</u>		<u>8</u>
DERRICK <u>Spencer Bailey</u>		<u>1</u>	<u>1</u>		<u>2</u>
FLOORHAND <u>Steve Garcia</u>					
FLOORHAND <u>Matt White</u>					
FLOORHAND					

NO ACCIDENTS PER MY SIGNATURE _____

BAYOU WORKOVER SERVICES RIG SUPERVISOR

CUSTOMER / AGENT

WHITE - CUSTOMER CANARY - HOUSTON COPY PINK - RIG COPY GOLD - FIELD COPY

		<h2 style="text-align: center;">Observation Card</h2>			
Observer Name: <u>Rig 14</u>		Customer: <u>Synergy</u>		Location/Rig: <u>Johnstown</u> Date: <u>11-5-15</u>	
Type: <input type="checkbox"/> Self <input type="checkbox"/> Other <input checked="" type="checkbox"/> Positive Recognition		<input type="checkbox"/> Field / Rig <input type="checkbox"/> Office <input type="checkbox"/> Shop <input type="checkbox"/> Vehicle <input type="checkbox"/> Yard			
THE WRONG MINDSETS		Complete Observation and Intervention Descriptions Below Using PEOPLE FIRST			
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Using Defective Equipment </div> <div style="width: 50%;"> <input type="checkbox"/> Haste </div> <div style="width: 50%;"> <input type="checkbox"/> Frustration </div> <div style="width: 50%;"> <input type="checkbox"/> Lack of Focus </div> <div style="width: 50%;"> <input type="checkbox"/> Overlooking Hazards </div> <div style="width: 50%;"> <input type="checkbox"/> Improper Use of PPE </div> <div style="width: 50%;"> <input type="checkbox"/> Placing Self in Harm's Way </div> <div style="width: 50%;"> <input type="checkbox"/> Gambling </div> <div style="width: 50%;"> <input type="checkbox"/> Complacency </div> <div style="width: 50%;"> <input type="checkbox"/> Multi-tasking </div> <div style="width: 50%;"> <input type="checkbox"/> Taking Short Cuts </div> <div style="width: 50%;"> <input type="checkbox"/> Task Saturated </div> <div style="width: 50%;"> <input type="checkbox"/> Ignoring Procedure </div> <div style="width: 50%;"> <input type="checkbox"/> Fatigue </div> </div>		<div> Observation Description <u>good Communication while laying</u> <u>Down Pipe</u> </div> <div> Intervention / Corrective Action <u>High fives.</u> </div>			

800 GESSNER ROAD
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(713) 935-8900
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DAILY WORK TICKET

63383

RRC # _____

REPORT # _____ HUB METER _____ RIG # 14

Customer Name Synegy Customer AFE # _____

Mailing Address City State TX Zip _____ County Harris

Field State 16-4 Lease 10 Well _____ Order # _____

Work Description:
Workover _____ Rod _____ Rod & Tubing _____ Re-entry _____
Swabbing _____ Tubing _____ Completion _____ P & A X

BILLING						
DESCRIPTION	RATE		TOTAL	WORKOVER EQUIPMENT	QTY.	RATE Hr. / Day / Ea.
RIG & CREW	Hrs. @	Per Hr.		BOP		
EXTRA LABOR	Hrs. @	Per Hr.		Pump		
RIG FUEL	Hrs. @	Per Hr.		Tank		
PUMP FUEL	Hrs. @	Per Hr.		Base Beam		
RECHARGE ITEMS			QTY.	RATE Hr. / Day / Ea.		
Crew Travel				Pipe Handler		
Tool Pusher				Catwalk		
Per Diem				Pipe Racks		
Stripper Rubbers				Power Swivel		
Pipe Wipers				JU / Washington H		
Tong Dies				Rod / TBG Tongs		
Slip Dies				Adapter Flange		
Safety Valve				SWABBING EQUIPMENT		
Fishing Tools				Swab Cups - Size		
Pipe Dope				OSR		
Handling Equipment				Swabbing Acid		
				Fishing Tools		
				Extra Tank		

MISCELLANEOUS:

TOTAL BILLABLE AMOUNT THIS FIELD REPORT \$

DESCRIPTION OF WORK:

TIME STARTED 6:00 TIME STOPPED 2:00

Crew travel Safety meeting Check 15 Sept camp
Check well post 10 Sept tag w/ 103 ft 3230 +/-
Tool H LD 90 ft pump cement 4/13 ft @ 40'
360 Sxs 100 cement took LD 13 ft NIPPLE DOWN BOP
Top off well had shut well in Drain pump
Tool shut down Crew travel

PAYROLL SECTION					
EMPLOYEE	Emp. #	Revenue Hours	Travel Hours	Non-Revenue Hours	TOTAL
OPERATOR <u>Scott Anderson</u>		6	2		8
DERRICK <u>James Halsey</u>		5	5		10
FLOORHAND <u>Steve Farris</u>					
FLOORHAND <u>Matt White</u>					

NO ACCIDENTS PER MY SIGNATURE

BAYOU WORKOVER SERVICES RIG SUPERVISOR

CUSTOMER / AGENT

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800 GESSNER ROAD
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HOUSTON, TX 77024
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(713) 935-8901 (FAX)



63384

RRC # _____

REPORT # _____ HUB METER _____ RIG # 14

Customer Name Synergy Customer AFE # _____ Date 11/9/15

Mailing Address _____ City Johndown State Co. Zip _____ County Weld

Field _____ Lease State 16-9 Well _____ Order # _____

Work Description: Workover _____ Rod _____ Rod & Tubing _____ Re-entry _____
Swabbing _____ Tubing _____ Completion _____ P & A X

BILLING						
DESCRIPTION	RATE		TOTAL	WORKOVER EQUIPMENT	QTY.	RATE Hr. / Day / Ea.
RIG & CREW	Hrs. @	Per Hr.		BOP		
EXTRA LABOR	Hrs. @	Per Hr.		Pump		
RIG FUEL	Hrs. @	Per Hr.		Tank		
PUMP FUEL	Hrs. @	Per Hr.		Base Beam		
RECHARGE ITEMS		QTY.	RATE Hr. / Day / Ea.	Pipe Handler		
Crew Travel				Catwalk		
Tool Pusher				Pipe Racks		
Per Diem				Power Swivel		
Stripper Rubbers				JU / Washington H		
Pipe Wipers				Rod / TBG Tongs		
Tong Dies				Adapter Flange		
Slip Dies				SWABBING EQUIPMENT		
Safety Valve				Swab Cups - Size		
Fishing Tools				OSR		
Pipe Dope				Swabbing Acid		
Handling Equipment				Fishing Tools		
				Extra Tank		

MISCELLANEOUS:

TOTAL BILLABLE AMOUNT THIS FIELD REPORT \$

DESCRIPTION OF WORK:

TIME STARTED 6:00 TIME STOPPED 9:00

Crew travel Safety meeting Check / Start equip
Check well log 0 RD tag w/ 4 & 13, 5 @ 1444
LD 5 ft NO BOPS NO Spool put on surface
eqg RD RD pump/handle Road Equip to Eric

PAYROLL SECTION					
EMPLOYEE	Emp. #	Revenue Hours	Travel Hours	Non-Revenue Hours	TOTAL
OPERATOR <u>Scott Anderson</u>		<u>2</u>	<u>1</u>		<u>3</u>
DERRICK <u>Spencer Halsey</u>		<u>5</u>	<u>5</u>		<u>10</u>
FLOORHAND <u>Steve Garcia</u>					
FLOORHAND					
FLOORHAND					

NO ACCIDENTS PER MY SIGNATURE

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CUSTOMER / AGENT

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DAILY WORK TICKET

63214

RRC #

REPORT #

HUB METER

RIG #

14

Customer Name <u>Synexy Resources Corporation</u>	Customer AFE #	Date <u>11/10/15</u>
Mailing Address <u>City</u>	State	Zip
Field <u>State 16-4</u>	Lease	Order #
Work Description: Workover <u>X</u> Rod _____ Rod & Tubing _____ Re-entry _____ Swabbing _____ Tubing _____ Completion _____ P & A <u>X</u>		

BILLING						
DESCRIPTION	RATE		TOTAL	WORKOVER EQUIPMENT	QTY.	RATE Hr. / Day / Ea.
RIG & CREW	Hrs. @	Per Hr.		BOP		11/2/15
EXTRA LABOR	Hrs. @	Per Hr.		Pump	T#63379	= \$ 584.35
RIG FUEL	Hrs. @	Per Hr.		Tank		11/5/15
PUMP FUEL	Hrs. @	Per Hr.		Base Beam	T#63380	= \$ 0
RECHARGE ITEMS	QTY.	RATE Hr. / Day / Ea.		Pipe Handler		11/4/15
Crew Travel				Catwalk	T#63381	= \$ 0
Tool Pusher				Pipe Racks		11/5/15
Per Diem				Power Swivel	T#63382	= \$ 0
Stripper Rubbers				JU / Washington H		11/6/15
Pipe Wipers				Rod / TBG Tongs	T#63383	= \$ 0
Tong Dies				Adapter Flange		11/9/15
Slip Dies				SWABBING EQUIPMENT	T#63384	= \$ 0
Safety Valve				Swab Cups - Size		11/10/15
Fishing Tools				OSR	T#63214	= \$ 1,875.00
Pipe Dope				Swabbing Acid		
Handling Equipment				Fishing Tools	Bid work	= \$ 38,000.00
G cement	75 sacks	25.00	1,875.00	Extra Tank		

MISCELLANEOUS:

TOTAL BILLABLE AMOUNT THIS FIELD REPORT \$ total = \$ 40,459.35

DESCRIPTION OF WORK:

TIME STARTED

TIME STOPPED

TOC @ 144' Below Ground Surface, Mix and Pump 45 sacks of 15.8 # CGC TO SURFACE, Dig up well 8' Below Ground Surface Cut and cap well 6' Below Ground Surface, BACKFILL, P&A Complete

PAYROLL SECTION					
EMPLOYEE	Emp. #	Revenue Hours	Travel Hours	Non-Revenue Hours	TOTAL
OPERATOR					
DERRICK					
FLOORHAND					
FLOORHAND					
FLOORHAND					

NO ACCIDENTS PER MY SIGNATURE

Gustavo Jaime

Gustavo Jaime

BAYOU WORKOVER SERVICES RIG SUPERVISOR

CUSTOMER / AGENT

WHITE - CUSTOMER CANARY - HOUSTON COPY PINK - RIG COPY GOLD - FIELD COPY