#### **BCM & Associates, Inc.**

P.,O. Box 13077 Odessa, TX 79768-3077 USA

#### **RECEIVED**

Invoice Number: 3131NM Invoice Date: Aug 13, 2009

Page:

AUG 1 / 2009

Voice: 432/580-7161 432/580-8554

**HOBBSOCD** 

BIII To:

Fax:

State of New Mexico Oil Conservation Di

ATTN: David Brooks

1220 South St. Francis Drive

Santa Fe, NM 87505

USA

Ship to:	
Morse #1	
Trainer	
30-025-04991	

	Customer ID	Customer PO	Paymen	t Terms
_	State of NM	52100-0000020506	Net 30	Days
	Sales Rep ID	Shipping Method	Ship Date	Due Date
	Rig 1	Best Way	8/4/09	9/12/09

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Quantity Item	Description	Unit Price	Amount
1.00	08/04/09 Job Ticket 21837	2,074.50	2,074.50
1.00	08/05/09 Job Ticket 21838	7,549.50	7,549.50
1.00	08/05/09 Job Ticket 21687	500.00	500.00
1.00	08/06/09 Job Ticket 20218	9,702.00	9,702.00
1.00	08/07/09 Job Ticket 21841	7,807.50	7,807.50
1.00	08/10/09 Job Ticket 21842	8,142.00	8,142.00
1.00	08/11/09 Job Ticket 21898	875.00	875.00
	Job CompleteThank You!!!!		
	www.bcmandassociates.com Invoice	•	
	Due and Payable in Ector County Texas		
	Subtotal		36,650.50
	Sales Tax		
	Total Invoice Amount		36,650.50
heck/Credit Memo No:	Payment/Credit Applied		,
6) / /	TOTAL	大声: 1 157 年27 147.1978 P. GUEC	36,650.50

OK. to Pay 8-17-09 Turny W. Lil

Finance charges at 6% annual rate for invoices over 30 days

PRODUCT CODED	JC DED Dent der der der	DB COMPL  Sa  4  Hri  Bb  Hri  Bb	LETE	JOB INCO  Per Sac  Per Bo  Per Hr.  Per Hr.  Per Bb  Per Hr.  Per Bb	s 340 - s 340 - s 8450
PRODUCT CODED	JC DED ment der er uum Truck Dikhoe Jikhoe	DB COMPL  Sa  Hri  Bb  Hri  Bb	LETE	JOB INCO  Per Sac  B5 — Per Hr.  Per Hr.  Per Bb  Per Hr.  Per Bb	cks_ cks_ s_340 = s_ s_s_450
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PAYMENT, RELEASE, INDEMNITY, MITED WARRANTY Customer Representation	-	OF MATERIALS of materials ar			8-17-6
Customer Repres	EPTANCE OF				<del></del>
	EPTANCE OF	OF MATERIALS e of materials an nt Name) (Signa	ature)		Date
JST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT  BCM Representation	EPTANCE OF A secretarios de la companya de la compa	nt Name) (Signa	ature)		Date

# BCM & ASSOCIATES, INC. PLUGGER'S DAILY WORK RECORD | CUSTOMER NO. | DATE | DAY OF WEEK | DILIGIO

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LEG/	AL TERM	IS:					cus	TOMER ACC	EPTANCE OI	MATERIALS	AND SERV	ICES: Custome	er hereby acknowl- is ticket.
		D41/	MENT				edge	s receipt and	acceptance	of materials a	nd services	identified on th	is ticket.
ЦМІТ	ED WAF			ASE, INDEMN	IIT <b>Y</b> ,				<del></del>			(	5-17-09
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2000

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CUS	TOMER NAM	<u> ج</u>	tak	0	from mexico	CUSTOMER NO.	PA	-10-		OF WEEK	PLUGGER'S UN	IIT NO.	JOB N	O	
FRO	mok	Se	·		,	N/EL LIDO	Lav		L NO						
	6:00			7:c	O ROUND TRIP TR	AVEL HRS.	RIC	TIME	10	RIG	NO.	RI	G TICKET NO.		
-	6!00	-	το 7:30		10- 1 /						H OPERATION				
	10.00	+	(12)	+	Rew to local	to had	5 1	1·n	Settly	met	7-3				
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s		<u> </u>			Well head	and signer	22 K	<i>l</i> _	50 5	× cu	rulate	1 com	et to	Ju Surfue	
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		Casi	ng Tools		Sets @\$	Per Set \$		-					Tax Total	011100	
		E	MPLOYE	NUMB	ER EMPLOYE	ENAME	START	STOP	RIG HOURS	TRAVEL HOURS	DOWN TIME	OTHER	TOTAL HOURS	TOTAL BILL HOURS	
Labor				1			مه خا	7:00	/0	_3			13	13	
Tool F Crew	Pusher Chief		$\vdash$	+	R. TORRES	<b>A</b>							13		
	k Man		_		J. Cono	A	<del>                                     </del>	-					13		
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Floor I	land		_	-	A. Fernards				on Ve	ication	9		8		
Other Other		$\dashv$	-	-	H. Chares								13	13	
					TOTAL HOURS (RI	G HOURS EXTENDED)									
<del>I</del> w	as NOT in	jure	d this	date			θ).	This	form must b	e filled in pe	ersonally by	the employ	ee each day	worked, or check	
	Innet!:				#,			will n	ot be issued	d.	1	211	, //.	11	
	location a			m,	okse. I				ed Employe	-	7		· Hu	4	
. <b>C</b> G	AL TERN	15:						CUST edge:	OMER ACCE receipt and	PTANCE OF acceptance	MATERIALS of materials a	AND SERVI	CES: Custome dentified on th	r hereby acknowl- is ticket.	
18 4	FER		PAY	MEN	IT, RELEASE, INDEM	NITY,		•	•	•			8		
<u>IMI</u>	red Wai	KR.	ANTY					Custo	mer Represe	entative (Prin	t Name) (Sign	ature)		Date	
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									13 0	f) /L					

CUST	TOMER NAME	ATE (	of n	lew r	nexic	CUSTON	MER NO.	BA		-04 IV	of WEEK	PLUGGER'S U	NIT NO.	JOB N	O.
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	FROM	,	<u>6:30</u>	pm'	TOUND THIF	HAVEL HHS.			G TIME			NO. 1		IG TICKET NO.	
-	FROM	то					DESCR	RIBE WO	ORK TO	1/2 HOUR - S	EPARATE EAC	H OPERATION	·		
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c		Travel			@\$		tr. \$		_		t Gel		ack @\$ ack @\$	Per Sa Per Sa	-
н		Supervisor			. @\$		łr. \$		_ ]		nsport	-	rs. @\$	Per Hr	
A R		TBG & Rod To Extra Hand	ings		s		Day \$ Hr. \$	·	-	We	lder ter		rs. @\$ <u>6</u> bls. @\$		\$ <u>/ 3 D</u> Ns\$
G		Frac Tank			s @\$		Day \$		_		uum Truck	H:	rs. @\$	Per Hr	. \$
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		H <sub>2</sub> S Equipme Casing Tools		0-4-			\$		-   ·	Oth	er		DH		\$ 2500
	·			Sets	@\$	Per S	et \$		_					Tax Total	
Labor		EMPLOYEE	NUMBER		EMPL	OYEE NAME		START	STOP	RIG HOURS	TRAVEL HOURS	DOWN TIME	OTHER	TOTAL HOURS	TOTAL BILL HOURS
Tool P	usher	++	+					<del> </del>	-		<del> </del>				
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Other			+-	Tua	1 A	Rodri		+	<del> </del>				5-47		
Other				Jest		Jorale:		$\vdash$				· · · · · · · · · · · · · · · · · · ·	33/2	T	<u> </u>
	***					(RIG HOURS		<del></del>					-72		
J I Wa	as NOT in	ured this	date.	□ I W	AS injured	d this date. (	Check O	ne).	This	form must b	pe filled in pe	rsonally by	the employ	ee each day	worked, or check
Bodv I	ocation a	ny iniuny								ot be issue		<u>a</u>	2/1	, ,/.	N
	L TERM						<del></del>				e Signature		7	. Xil	<u> </u>
									edge	B receipt and	EPTANCE OF lacceptance d	MATERIALS of materials a	AND SERVI nd services i	CES: Custome dentified on th	r hereby acknowlis ticket.
.IMIT	ED WAF	PAY VTNARS	MENT,	RELEAS	SE, INDE	EMNITY,								_ 8-	-17-09
									Custo	omer Repres	entative (Frint	Name) (Sign	ature)		Date
MUST	BE SIG	NED BY	CHET	OMER	DR CHES	TOMER'S	AOF1:-		Barr						>
	JIC					YELLOW		eenn			Ve (Signature	•			<u> </u>