

BCM & Associates, Inc.

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

RECEIVED

AUG 17 2009

HOBBSOCD**INVOICE**

Invoice Number: 3130NM

Invoice Date: Aug 13, 2009

Page: 1

Voice: 432/580-7161

Fax: 432/580-8554

Bill To:

State of New Mexico Oil Conservation Di
ATTN: David Brooks
1220 South St. Francis Drive
Santa Fe, NM 87505
USA

Ship to:

CW Trainer Morse "A" #1
API 30-025-04995

Customer ID	Customer PO	Payment Terms	
State of NM	52100-0000020506	Net 30 Days	
Sales Rep ID	Shipping Method	Ship Date	Due Date
Rig 1	Best Way	7/30/09	9/12/09

Quantity	Item	Description	Unit Price	Amount
1.00		07/30/09 Job Ticket 21831	2,925.00	2,925.00
1.00		07/30/09 Job Ticket 21684	1,850.00	1,850.00
1.00		07/31/09 Job Ticket 21832	2,722.50	2,722.50
1.00		08/03/09 Job Ticket 21833	7,016.00	7,016.00
1.00		08/04/09 Job Ticket 21839	4,522.50	4,522.50
1.00		08/11/09 Job Ticket 21899	875.00	875.00
		Job Complete.....Thank You!!!!		
		www.bcmmandassociates.com Invoice		
		Due and Payable in Ector County Texas		
Subtotal				19,911.00
Sales Tax				
Total Invoice Amount				19,911.00
Payment/Credit Applied				
TOTAL				19,911.00

Check/Credit Memo No:

OK! to Pay
8-17-09

Tony W. Hill

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

NO. 21831

WHITE - CUSTOMER YELLOW - BCM ASSOCIATES PINK - PAYROLL GOLD - EMPLOYEE

BCM & ASSOCIATES, INC.
PLUGGER'S DAILY WORK RECORD

NO. 21684

CUSTOMER NAME		C.W. Trainer	CUSTOMER NO		DATE	08/30/09	DAY OF WEEK	Thursday	PLUGGER'S UNIT NO		JOB NO	
LEASE		Monroe "A"			WELL NO	1						
FROM	TO	ROUND TRIP TRAVEL HRS.	RIG TIME HRS	RIG NO	1		RIG TICKET NO					
6a	7p											
DESCRIBE WORK TO 1/2 HOUR - SEPARATE EACH OPERATION												
WORK DE SCR IPT ION	FROM	TO										
	6a	7a	Pickup Peterbilt, fueled in Odessa									
	7a	8a	Drove to Rig 2's cement bulk trailer in Kermit, TX									
	8a	9a	Pickup trailer, latched on, received directions from Toolpusher									
	9a	12p	Drove to loc. (C.W. Trainer, Monroe "A" lease #1) seventeen miles northeast of Tatum, NM, dropped bulk on location, unlatched									
	12p	1:45p	Drove to BCM yard in Hobbs, NM, winched up and latched on to steel pit, prepped trailer									
	2p	3:30p	Drove to Rig 1 northeast of Tatum, spotted steel pit, unlatched, winched down									
	5:30											
	3:45p	6:45p	Drove to Odessa Hobbs									
JOB COMPLETE <input type="checkbox"/> JOB INCOMPLETE <input type="checkbox"/>												

CHARGE RECORD	PRODUCT CODED				PRODUCT CODED			
	Rig Time	Hrs.	@ \$	Per Hr. \$	Cement	Sack @ \$	Per Sack \$	
	Travel	Hrs.	@ \$	Per Hr. \$	Salt Gel	Sack @ \$	Per Sack \$	
	Supervisor	Hrs.	@ \$	Per Hr. \$	Transport	Hrs. @ \$	Per Hr. \$	
	TBG & Rod Tongs	Days @ \$	Per Day \$		Welder	Hrs. @ \$	Per Hr. \$	
	Extra Hand	Hrs. @ \$	Per Hr. \$		Water	Bbls. @ \$	Per Bbls \$	
	Frac Tank	Days @ \$	Per Day \$		Vacuum Truck	Hrs. @ \$	Per Hr. \$	
	✓ Circ. Tank	Days @ \$	Per Day \$	1000-	H ₂ O Disposal	Bbls. @ \$	Per Bbls \$	
	Blow Out Preventer	Days @ \$	Per Day \$		Backhoe	Hrs. @ \$	Per Hrs. \$	
	Cement Unit	Hours @ \$	Per Hr. \$		Perforation	Runs @ \$	Per Run \$	
	Power Swivel	Days @ \$	Per Day \$		Wireline Set-Up		\$	
	Packer	Size	Each \$		CIBP	Size @ \$	Each \$	
	Cement Retainer	Size	Each \$		Dump Bailer	Runs @ \$	Per Run \$	
	Casing Tongs	Days @ \$	Per Day \$		Depth Charge	Feet @ \$	Per Ft. \$	
	Casing Cutter	Cuts @ \$	Per Cut \$		Rubber Goods		\$	
	H ₂ S Equipment		\$		Fuel Surcharge		\$	
	Casing Tools	Sets @ \$	Per Set \$		✓ Other	8 1/2 @ 100- Rig up truck	\$ 850-	
					Tax \$			
					Total \$ 1850-			

	EMPLOYEE NUMBER	EMPLOYEE NAME	START	STOP	RIG HOURS	TRAVEL HOURS	DOWN TIME	OTHER	TOTAL HOURS	TOTAL BILL HOURS
Labor										
Tool Pusher										
Crew Chief										
Derrick Man										
Floor Hand										
Floor Hand										
Other		Chris Berry						13		
Other										
TOTAL HOURS (RIG HOURS EXTENDED)										

☐ I was NOT injured this date. ☐ I WAS injured this date. (Check One). This form must be filled in personally by the employee each day worked, or check will not be issued.

Body location any injury _____ Injured Employee Signature Tony W. Hill

LEGAL TERMS: CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: Customer hereby acknowledges receipt and acceptance of materials and services identified on this ticket.

PAYMENT, RELEASE, INDEMNITY, LIMITED WARRANTY _____ 8-17-09

Customer Representative (Print Name) (Signature) _____ Date

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT _____ BCM Representative (Signature)

WHITE - CUSTOMER YELLOW - BCM ASSOCIATES PINK - PAYROLL GOLD - EMPLOYEE

BCM & ASSOCIATES, INC.

PLUGGER'S DAILY WORK RECORD

NO. 21832

CUSTOMER NAME <u>State of New Mexico</u>		CUSTOMER NO.	DATE <u>1-31-09</u>	DAY OF WEEK <u>FR</u>	PLUGGER'S UNIT NO.	JOB NO.
LEASE <u>morse - A -</u>		WELL NO. <u>1</u>				
FROM <u>6:00</u>	TO <u>8:00</u>	ROUND TRIP TRAVEL HRS. <u>2</u>	RIG TIME HRS. <u>12</u>	RIG NO. <u>1</u>	RIG TICKET NO.	
DESCRIBE WORK TO 1/2 HOUR - SEPARATE EACH OPERATION						
FROM	TO					
6:00	7:00	Crew to beatw had 5 min safety meeting				
7:30	10:00	took rest of bulk of flange picked up had 278 tube, with packer had to get 8 slip type elevators				
10:00	1:30	worked on pump T&K had to put more bolts on auxiliary box put bigger bolts on with lock washers, and drove to beatw from H&B's also picked up elevators				
1:30	2:30	put needed gun upset packer started out of hole with tubing came out of hole with 140 sets also put cylinder kit on long cylinder				
2:30	4:30	Rogel & I went back to yard to pick up pick up. Went to base needed change covers for tube, gets butterfly thread.				
4:30	7:00	Drove back to location came out of hole with rest of tubing also changed runs on B&P to 278				
7:00	8:00	Drove home.				
POH w/ tbs.						
JOB COMPLETE <input type="checkbox"/> JOB INCOMPLETE <input checked="" type="checkbox"/>						

CHARGE RECORD	PRODUCT CODED				PRODUCT CODED				
	Big Time	3 1/2	Hrs.	@ \$ 275	Per Hr.	\$ 962.50	Cement	Sack @ \$	Per Sack \$
	Travel	2	Hrs.	@ \$ 200	Per Hr.	\$ 400	Salt Gel	Sack @ \$	Per Sack \$
	Supervisor	1/2	Hrs.	@ \$ 750	Per Hr.	\$ 375	Transport	Hrs. @ \$	Per Hr. \$
	TBG & Rod Tongs		Days	@ \$	Per Day \$	175	Welder	Hrs. @ \$	Per Hr. \$
	Extra Hand		Hrs.	@ \$	Per Hr. \$		Water	Bbls. @ \$	Per Bbls \$
	Frac Tank		Days	@ \$	Per Day \$		Vacuum Truck	Hrs. @ \$	Per Hr. \$
	Circ. Tank		Days	@ \$	Per Day \$		H2O Disposal	Bbls. @ \$	Per Bbls \$
	Blow Out Preventer	5	Days	@ \$ 250	Per Day \$	250	Backhoe	Hrs. @ \$	Per Hr. \$
	Cement Unit		Hours @ \$	Per Hr. \$		Perforation	Runs @ \$	Per Run \$	
	Power Swivel		Days @ \$	Per Day \$		Wireline Set-Up		\$	
	Packer	Size		Each \$		CIBP	Size	@ \$	Each \$
	Cement Retainer	Size		Each \$		Dump Baller	Runs @ \$	Per Run \$	
	Casing Tongs	Days @ \$	Per Day \$			Depth Charge	Feet @ \$	Per Ft. \$	
	Casing Cutter	Cuts @ \$	Per Cut \$			Rubber Goods		\$	
	H2S Equipment			\$		Feet Surcharge		\$ 10	
	Casing Tools	Sets @ \$	Per Set \$			Other		\$ 650	
								Tax \$	
								Total \$ 2722.50	

EMPLOYEE NUMBER	EMPLOYEE NAME	START	STOP	RIG HOURS	TRAVEL HOURS	DOWN TIME	OTHER	TOTAL HOURS	TOTAL BILL HOURS
	Labor	6:00	8:00	12	2			14	14
	Tool Pusher								
	Crew Chief								
	Derrick Man								
	Floor Hand								
	Floor Hand								
	Other								
	Other								
TOTAL HOURS (RIG HOURS EXTENDED)									

☒ I was NOT injured this date. ☐ I WAS injured this date. (Check One).

Body location any injury morse - A -

LEGAL TERMS:

PAYMENT, RELEASE, INDEMNITY, LIMITED WARRANTY

This form must be filled in personally by the employee each day worked, or check will not be issued.

Injured Employee Signature Tony W. Hill

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: Customer hereby acknowledges receipt and acceptance of materials and services identified on this ticket.

Customer Representative (Print Name) (Signature)

Date

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT

BCM Representative (Signature)

WHITE - CUSTOMER YELLOW - BCM ASSOCIATES PINK - PAYROLL GOLD - EMPLOYEE

BCM & ASSOCIATES, INC.
PLUGGER'S DAILY WORK RECORD

NO. 21833

CUSTOMER NAME		CUSTOMER NO.		DATE	DAY OF WEEK	PLUGGER'S UNIT NO.		JOB NO.	
State of New Mexico				8-3-09	mon				
LEASE		WELL NO.							
Morse - A-		1							
FROM	TO	ROUND TRIP TRAVEL HRS.	RIG TIME HRS.	RIG NO.	RIG TICKET NO.				
6:00	8:00	3	11	1					

WORK D E S C R I P T I O N	FROM	TO	DESCRIBE WORK TO 1/2 HOUR - SEPARATE EACH OPERATION
	6:00	7:30	Crew to location had 5 min safety meeting
	8:00	12:30	Run in hole with tubing down to 5043 ft went got load of water spotted pump & transport. Rig up pump TRK.
	12:30	3:30	establish pump Rate set CIBP at 5043 ft circulated hole with 9.5 mud and spotted 25 SK on top POH to 4300 ft
	3:30	6:30	went got load of water came back spotted transport broke circulation and spotted 25 SK at 4300 ft PAH away from cement tag in morning
	6:30	8:00	Drive Home.

JOB COMPLETE ☐ JOB INCOMPLETE ☒

CHARGE R E C O R D	PRODUCT CODED				PRODUCT CODED					
	✓ Rig Time	11	Hrs.	@ \$ 275	Per Hr.	\$ 3025	✓ Cement	50	Sack @ \$ 14.50	Per Sack \$ 725
	✓ Travel	3	Hrs.	@ \$ 200	Per Hr.	\$ 600	✓ Salt Gel	30	Sack @ \$ 4.50	Per Sack \$ 135
	✓ Supervisor		Hrs.	@ \$	Per Hr.	\$ 750	✓ Transport	4	Hrs. @ \$ 85	Per Hr. \$ 340
	✓ TBG & Rod Tongs		Days @ \$	Per Day \$			✓ Welder		Hrs. @ \$	Per Hr. \$
	✓ Extra Hand		Hrs. @ \$	Per Hr. \$			✓ Water	140	Bbls. @ \$.65	Per Bbls \$ 91
	✓ Frac Tank		Days @ \$	Per Day \$			✓ Vacuum Truck		Hrs. @ \$	Per Hr. \$
	✓ Circ. Tank		Days @ \$	Per Day \$	min		✓ H ₂ O Disposal		Bbls. @ \$	Per Bbls \$
	✓ Blow Out Preventer		Days @ \$	Per Day \$	min		✓ Backhoe		Hrs. @ \$	Per Hrs. \$
	✓ Cement Unit		Hours @ \$	Per Hr.	\$ 1000		✓ Perforation		Runs @ \$	Per Run \$
	✓ Power Swivel		Days @ \$	Per Day \$			✓ Wireline Set-Up			\$
	✓ Packer	Size		Each \$			✓ CIBP 5 1/2 Size		@ \$ 650	Each \$ 650
	✓ Cement Retainer	Size		Each \$			✓ Dump Bailer		Runs @ \$	Per Run \$
	✓ Casing Tongs	Days @ \$	Per Day \$				✓ Depth Charge		Feet @ \$	Per Ft. \$
	✓ Casing Cutter	Cuts @ \$	Per Cut \$				✓ Rubber Goods			\$
	✓ H ₂ S Equipment			\$			✓ Fuel Surcharge			\$
✓ Casing Tools	Sets @ \$	Per Set \$				✓ Other		elephant	\$ min	

Tax \$

Total \$ 7016

	EMPLOYEE NUMBER	EMPLOYEE NAME	START	STOP	RIG HOURS	TRAVEL HOURS	DOWN TIME	OTHER	TOTAL HOURS	TOTAL BILL HOURS
Labor			6:00	8:00	11	3			14	14
Tool Pusher		R. Torres								
Crew Chief		A. Mendoza								
Derrick Man		J. Cano								
Floor Hand		V. Contreras								
Floor Hand		A. Fernandez								
Other										
Other										
TOTAL HOURS (RIG HOURS EXTENDED)										

ET was NOT injured this date. ☐ I WAS injured this date. (Check One).

Body location any injury Morse - A-

LEGAL TERMS:

PAYMENT, RELEASE, INDEMNITY,
LIMITED WARRANTY

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT

This form must be filled in personally by the employee each day worked, or check will not be issued.

Injured Employee Signature [Signature]

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: Customer hereby acknowledges receipt and acceptance of materials and services identified on this ticket.

Customer Representative (Print Name) (Signature)

Date

Customer Representative (Signature) [Signature]

WHITE - CUSTOMER YELLOW - BCM ASSOCIATES PINK - PAYROLL GOLD - EMPLOYEE

NO. 21839

CUSTOMER NAME		CUSTOMER NO.		DATE	DAY OF WEEK	PLUGGER'S UNIT NO.		JOB NO.																					
State of New Mexico				8-4-09	Tue																								
LEASE		WELL NO.																											
Morse - A -		1																											
FROM	TO	ROUND TRIP TRAVEL HRS.	RIG TIME HRS.	RIG NO.	RIG TICKET NO.																								
6:00	2:00	1	7	1																									
DESCRIBE WORK TO 1/2 HOUR - SEPARATE EACH OPERATION																													
WORK DESCRIPTION	6:00	7:30	Crew to locate hole 5 min safety meeting																										
	7:30	9:30	RTH with tubing to top the 4200 ft plug tagged at 4180 ft PCH up to next plug @ 3950 ft																										
	9:30	12:00	broke circulation spotted 25 SX @ 3450 ft & PCH to 2504 ft spotted 25 SX PCH by tubing down.																										
	12:30	2:00	Rig down floor & tongs took BOP off Ran 25b In hole circulation cement to surface 20 SX																										
JOB COMPLETE <input checked="" type="checkbox"/> JOB INCOMPLETE <input type="checkbox"/>																													
CHARGE RECORD	PRODUCT CODED					PRODUCT CODED																							
	Rig Time 7 1/2 Hrs. @ \$ 275 Per Hr. \$ 1787.50					Cement 70 Sack @ \$ 14.25 Per Sack \$ 1000																							
	Travel 1 1/2 Hrs. @ \$ 200 Per Hr. \$ 300					Salt Gel 10 Sack @ \$ 4.50 Per Sack \$ 45																							
	Supervisor 1/2 Hrs. @ \$ 750 Per Hr. \$ 375					Transport Hrs. @ \$ Per Hr. \$																							
	TBG & Rod Tongs Days @ \$ Per Day \$					Welder Hrs. @ \$ Per Hr. \$																							
	Extra Hand Hrs. @ \$ Per Hr. \$					Water Bbls. @ \$ Per Bbls \$																							
	Frac Tank Days @ \$ Per Day \$					Vacuum Truck Hrs. @ \$ Per Hr. \$																							
	Circ. Tank Days @ \$ Per Day \$ min					H2O Disposal Bbls. @ \$ Per Bbls \$																							
	Blow Out Preventer Days @ \$ Per Day \$ min					Backhoe Hrs. @ \$ Per Hr. \$																							
	Cement Unit Hours @ \$ Per Hr. \$ 1600					Perforation Runs @ \$ Per Run \$																							
	Power Swivel Days @ \$ Per Day \$					Wireline Set-Up \$																							
	Packer Size Each \$					CIBP Size @ \$ Each \$																							
	Cement Retainer Size Each \$					Dump Bailer Runs @ \$ Per Run \$																							
	Casing Tongs Days @ \$ Per Day \$					Depth Charge 4180 Feet @ \$ Per Ft. \$																							
	Casing Cutter Cuts @ \$ Per Cut \$					Rubber Goods \$																							
H2S Equipment \$					Fuel Surcharge \$																								
Casing Tools Sets @ \$ Per Set \$					Other \$																								
					Elevators \$ min																								
					Tax \$																								
					Total \$ 4522.50																								
EMPLOYEE NUMBER										EMPLOYEE NAME										START	STOP	RIG HOURS	TRAVEL HOURS	DOWN TIME	OTHER	TOTAL HOURS	TOTAL BILL HOURS		
Labor										R. Torres										6:00	2:00	7	1			8	8		
Tool Pusher										H. Mendoza																			
Crew Chief										J. Cono																			
Derrick Man										V. Contreras																			
Floor Hand										A. Fernandez																			
Floor Hand										H. Chavez																			
Other																													
Other																													
TOTAL HOURS (RIG HOURS EXTENDED)																													
<input checked="" type="checkbox"/> I was NOT injured this date. <input type="checkbox"/> I WAS injured this date. (Check One).																				This form must be filled in personally by the employee each day worked, or check will not be issued.									
Body location any injury Morse - A -																				Injured Employee Signature [Signature]									
LEGAL TERMS:																				CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: Customer hereby acknowledges receipt and acceptance of materials and services identified on this ticket.									
PAYMENT, RELEASE, INDEMNITY, LIMITED WARRANTY																				Customer Representative (Print Name) (Signature) [Signature] Date 8-17-09									
MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT																				BCM Representative (Signature) [Signature]									
WHITE - CUSTOMER YELLOW - BCM ASSOCIATES PINK - PAYROLL GOLD - EMPLOYEE																													

BCM & ASSOCIATES, INC.
PLUGGER'S DAILY WORK RECORD

NO. 21899

CUSTOMER NAME STATE OF New Mexico		CUSTOMER NO.	DATE 8-12-09	DAY OF WEEK Wednesday	PLUGGER'S UNIT NO.	JOB NO.
LEASE Morse		WELL NO. A", #1				
FROM 6:30pm	TO 12:30am	ROUND TRIP TRAVEL HRS.	RIG TIME HRS.	RIG NO. 1	RIG TICKET NO.	

W O R K D E S C R I P T I O N	FROM	TO	DESCRIBE WORK TO 1/2 HOUR - SEPARATE EACH OPERATION
	6:30pm	7:30pm	Drove to loc. Dig out cellar.
	7:30pm	9pm	Cutoff well head, weld on marker,
	9pm	9:30pm	Backfill cellar, digout anchors, clean loc.
	9:30pm	12:30am	Drove Back Odessa, Tx (yard)

CHARGE RECORD

PRODUCT CODED			
_____ Rig Time	_____ Hrs.	@ \$ _____	Per Hr. \$ _____
_____ Travel	_____ Hrs.	@ \$ _____	Per Hr. \$ _____
_____ Supervisor	_____ Hrs.	@ \$ _____	Per Hr. \$ _____
_____ TBG & Rod Tongs	_____ Days	@ \$ _____	Per Day \$ _____
✓ Extra Hand	5	Hrs. @ \$ 45	Per Hr. \$ 225
_____ Frac Tank	_____ Days	@ \$ _____	Per Day \$ _____
_____ Circ. Tank	_____ Days	@ \$ _____	Per Day \$ _____
_____ Blow Out Preventer	_____ Days	@ \$ _____	Per Day \$ _____
_____ Cement Unit	_____ Hours	@ \$ _____	Per Hr. \$ _____
_____ Power Swivel	_____ Days	@ \$ _____	Per Day \$ _____
_____ Packer _____ Size			Each \$ _____
_____ Cement Retainer _____ Size			Each \$ _____
_____ Casing Tongs	_____ Days	@ \$ _____	Per Day \$ _____
_____ Casing Cutter	_____ Cuts	@ \$ _____	Per Cut \$ _____
_____ H ₂ S Equipment			\$ _____
_____ Casing Tools	_____ Sets	@ \$ _____	Per Set \$ _____

PRODUCT CODED			
_____ Cement	_____ Sack	@ \$ _____	Per Sack \$ _____
_____ Salt Gel	_____ Sack	@ \$ _____	Per Sack \$ _____
_____ Transport	_____ Hrs.	@ \$ _____	Per Hr. \$ _____
✓ Welder	2	Hrs. @ \$ 65	Per Hr. \$ 130
_____ Water	_____ Bbls.	@ \$ _____	Per Bbls \$ _____
_____ Vacuum Truck	_____ Hrs.	@ \$ _____	Per Hr. \$ _____
✓ H ₂ O Disposal	_____ Bbls.	@ \$ _____	Per Bbls \$ _____
✓ Backhoe	1	Hrs. @ \$ _____	Per Hr. \$ _____
_____ Perforation	_____ Runs	@ \$ _____	Per Run \$ _____
_____ Wireline Set-Up			\$ _____
_____ CIBP _____ Size		@ \$ _____	Each \$ _____
_____ Dump Bailer	_____ Runs	@ \$ _____	Per Run \$ _____
_____ Depth Charge	_____ Feet	@ \$ _____	Per Ft. \$ _____
_____ Rubber Goods			\$ _____
✓ Fuel Surcharge	3 hrs @ \$ 90	Truck	\$ 270
1 Other	marker		\$ 300
			Tax \$ _____
			Total \$ 875

	EMPLOYEE NUMBER	EMPLOYEE NAME	START	STOP	RIG HOURS	TRAVEL HOURS	DOWN TIME	OTHER	TOTAL HOURS	TOTAL BILL HOURS
Labor										
Tool Pusher										
Crew Chief										
Derrick Man										
Floor Hand										
Floor Hand										
Other		Juan A. Rodriguez						6		5
Other		Jesus Morales						8		5
TOTAL HOURS (RIG HOURS EXTENDED)										

☐ I was NOT injured this date.

☐ I WAS injured this date. (Check One).

Body location any injury _____

LEGAL TERMS:

PAYMENT, RELEASE, INDEMNITY,
LIMITED WARRANTY

This form must be filled in personally by the employee each day worked, or check will not be issued.

Injured Employee Signature Kerry W. Hill

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: Customer hereby acknowledges receipt and acceptance of materials and services identified on this ticket.

Customer Representative (Print Name) (Signature) _____
Date 8-17-09

BCM Representative (Signature) _____

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT

WHITE - CUSTOMER YELLOW - BCM ASSOCIATES PINK - PAYROLL GOLD - EMPLOYEE