

|                             |              |                 |   |   |   |   |   |       |  |                       |  |               |       |   |          |   |   |   |      |                                                          |          |         |   |  |  |  |
|-----------------------------|--------------|-----------------|---|---|---|---|---|-------|--|-----------------------|--|---------------|-------|---|----------|---|---|---|------|----------------------------------------------------------|----------|---------|---|--|--|--|
| Control W/O                 |              |                 |   |   |   |   |   |       |  |                       |  | SWO Equipment |       |   |          |   |   |   |      |                                                          |          |         |   |  |  |  |
| Type                        | Sequence No. | Date Authorized |   |   |   |   |   | AFE   |  |                       |  | Prior-ity     | Dept. |   | Job Code |   |   |   | Code |                                                          | Item No. |         |   |  |  |  |
| B                           | 6567         | 1               | 0 | 0 | 2 | 8 | 3 | ---   |  |                       |  | E             | 9     | 8 | 4        | 1 | 0 | 0 | 5    | 7                                                        | 0        | 0       | 0 |  |  |  |
| Title                       |              | 578 SIBO        |   |   |   |   |   | LEVEL |  |                       |  | TEK           |       |   |          |   |   |   |      |                                                          |          |         |   |  |  |  |
| Job Description             |              |                 |   |   |   |   |   |       |  |                       |  |               |       |   |          |   |   |   |      | Budgeted                                                 |          |         |   |  |  |  |
| Repair 578 Sibs - Level tek |              |                 |   |   |   |   |   |       |  |                       |  |               |       |   |          |   |   |   |      | <input type="checkbox"/> Yes <input type="checkbox"/> No |          |         |   |  |  |  |
|                             |              |                 |   |   |   |   |   |       |  |                       |  |               |       |   |          |   |   |   |      | Priority                                                 |          |         |   |  |  |  |
|                             |              |                 |   |   |   |   |   |       |  |                       |  |               |       |   |          |   |   |   |      | Date Started                                             |          |         |   |  |  |  |
|                             |              |                 |   |   |   |   |   |       |  |                       |  |               |       |   |          |   |   |   |      | Date Completed                                           |          |         |   |  |  |  |
| Requested By DSAN           |              |                 |   |   |   |   |   |       |  | Approved By DB Miller |  |               |       |   |          |   |   |   |      | Date 10-3-83                                             |          | Log No. |   |  |  |  |

~~OCT 5~~

[illegible]

|                                                                                   |  |                      |  |            |                             |                                                                                     |                 |                     |  |             |  |
|-----------------------------------------------------------------------------------|--|----------------------|--|------------|-----------------------------|-------------------------------------------------------------------------------------|-----------------|---------------------|--|-------------|--|
| Equip. Transfer Req'd<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  | Planned/Estimated By |  | Date       | Recommend<br>Contract Labor |                                                                                     | Cost in Dollars |                     |  |             |  |
| Review/Approve                                                                    |  | Date                 |  | Authorized |                             | Date                                                                                |                 | Labor               |  |             |  |
|                                                                                   |  |                      |  |            |                             |                                                                                     |                 | Cost Plus           |  | Material    |  |
|                                                                                   |  |                      |  |            |                             |                                                                                     |                 | Bid                 |  | Contract    |  |
|                                                                                   |  |                      |  |            |                             |                                                                                     |                 |                     |  | Equip. Rent |  |
|                                                                                   |  |                      |  |            |                             |                                                                                     |                 | Assistance Required |  | Other       |  |
|                                                                                   |  |                      |  |            |                             | <input type="checkbox"/> ME <input type="checkbox"/> PE <input type="checkbox"/> CE |                 | Total               |  |             |  |

## Work Report

~~OCT 5~~

|                |            |
|----------------|------------|
| Signed _____   | Date _____ |
| Reviewed _____ | Date _____ |
| Approved _____ | Date _____ |

DTH 000062069