Swab Master Ltd.

**Derrick Hours of Service for the year:_____**

Submit to the office on or before Dec 31 of each year or when derrick inspection done

***** Records must be kept monthly (or sooner) Certified Derrick Inspections due after 24000 hrs are used.*

May use more than one page

| Date | Derrick hrs used | Derrick hrs left | Company (optional) | location (optional) |
|---|---|---|---|---|
| | hrs carried forward: | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

UNIT # : _____ DATE SUBMITTED TO OFFICE: _____