

Owner Code/Schedule Number(s): I18-1
MAY

RESIDUE LAST CONTAINED

| | |
|--------------------|------------------------------------|
| Company Name | Strada oilfield Services Ltd |
| Company Address | Box 7425 Bonnyville, AB TAN-2H7 |
| Phone Number | 780-207-7926 |
| VIN / Equipment ID | WT0606149 |
| Date of Delivery | May 1 2026 |

Was tank emptied / purged: YES NO
Was tank cleaned / steamed: YES NO
Clean Ticket / Purge Cert provided: YES NO

Description of tank and its condition:

Clean and steamed out

Last Contained: WATER SAND SEWAGE DIESEL GASOLINE

OTHER: _____

Consignor Name: Ryan Leguerrier

Consignor Signature: _____

By signing above, I certify that the information provided is true and accurate.

STRADA

OILFIELD SERVICES LTD.

BOX 7425 BONNYVILLE, ALBERTA T9N 2H7
PHONE: (780)207-7926 DISPATCH: (780)207-7925
E-MAIL: STRADA@SPEEDMAIL.CA
GST# 858231673 RT00018

Invoice No. **19475**
Work Ticket

Ticket No. _____

| | | | |
|---------|------------------|----------|------------------|
| 4 MM | DATE 26 DD | 26 YY | Unit No. 102T |
|---------|------------------|----------|------------------|

Company Requesting Work: Strada oilfield

Address of Company: _____

Location Requesting Work: _____ PO / AFE: _____

Company Rep Name: Ryan Leguerrier Consignor Name: _____

Company Rep Phone #: 780-207-7926 24 HR Emergency #: _____

Company Rep Signature: _____

Truck: Vacuum Tri Tri Trailer Vac Other _____

Product: Water Oil Bitumen Sand Slop Oil Drilling Mud Sludge Lime Other _____

TRANSPORTATION OF DANGEROUS GOOD

| UN NUMBER | SHIPPING NAME | CLASS | SUBCLASS | PG | <input type="checkbox"/> Toxic by inhalation |
|-----------|---------------|-------|----------|----|---|
| | | | | | <input type="checkbox"/> Residue last contained |

DESCRIPTION OF WORK

1 Steam + clean vac tank out to spec
1 clean vin # W70606149

Supply stamer + labourers.

BILLING INFORMATION

APPROVAL STAMP

COST PER HOUR: _____ X _____ = \$ _____
RATE HOURS

COST PER METER: _____ X _____ = \$ _____
RATE METERS

EXTRAS

= \$ _____

= \$ _____

LOCATION OF WORK BEING DONE / PRODUCT LOADED

Bonnyville shop

PRODUCT DESTINATION

FACILITY NAME: shop sump

FACILITY LOCATION: _____

TIME REQUIRED: _____ SUBTOTAL \$ _____

START TIME: _____

END TIME: _____ GST \$ _____

TOTAL VOLUME: _____

GUAGE START: _____ TOTAL \$ _____

GUAGE END: _____

I hereby declare the above is true and correct and in accordance with Transportation of Dangerous Goods regulations.

DRIVER'S NAME: Ryan Leguerrier

DRIVER'S SIGNATURE: _____