

[illegible]

SHOP WORK ORDER



Box 2881, Wainwright, AB T9W 1S7
Ph: (780) 842-3661 Fax: (780) 842-3385

INVOICE NO.

K24-4
7541

DATE: Aug 7, 2025

UNIT #: ~~7-12-134~~ Ex-37

MECHANIC: All Season Repair

[illegible]

SUPERVISOR COMMENTS / WORK CARRY OVER

SUPERVISOR'S SIGNATURE:

[illegible]

SHOP WORK ORDER



Box 2881, Wainwright, AB T9W 1S7
Ph: (780) 842-3661 Fax: (780) 842-3385

INVOICE NO. 7204

DATE: Aug 2023

UNIT #: Ex-37

MECHANIC: Dalin

[illegible]

SUPERVISOR COMMENTS / WORK CARRY OVER

SUPERVISOR'S SIGNATURE:



ROCKY MOUNTAIN EQUIPMENT

Rocky Mountain Equipment LP o/a Rocky Mountain Equipment

EDMONTON
17720 - 105 Avenue
Edmonton, AB T5S 1G4
Tel: (780) 486 - 2273
Fax: (780) 483 - 0386
Toll Free: 1-855-763-1427

INVOICE

Ship to:

Denmax Energy
Darcy 780-842-3661
darcyc@denmax.ca
CSN

Invoice to:

CASH CUSTOMER #03
17720 105 AVENUE
EDMONTON AB T5S 1G4

Branch EDMONTON			CNYYYY		
Date 02/03/23	Time 12:52:20 (R)	Page 01			
Account No. CASH003	Phone No. 7804862273	Reference No. P98742			
Ship Via		Purchase Order			
		G.S.T. No. 79759 4660 RT0001			
Credit Card No.		Salesperson I29			

Parts Description

ORDER#: 276836

** Current Winter Hours are now in effect.
** Monday - Friday 8:00am - 5:00pm

**
**

Fold ---

Part#	Description	Bin	ORD	ISS	SHP	B/O	UTTTT	Price	Amount
LINE#: 1.									
KBJ18662	PUMP HYDRAULIC A		1	1	1		*	11896.96	11896.96
LINE#: 2.									
\$DEPOSIT	DEPOSIT	9999	1-	1-	1-			12491.81	12491.81CR

USA 7 - 10 Business Days

Deposit inv. P98571

==Feb 3==

Called

Invoiced

DD

SUB TOTAL==>	594.85CR
GST 797594660	594.85
TOTAL	.00

Signature

Date

ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS INVOICE.
NO RETURNS ON ELECTRICAL OR SPECIAL ORDER PARTS.
NO RETURNS AFTER 30 DAYS.
25% RE-STOCK CHARGE ON ALL RETURNED PARTS.
\$25.00 CHARGE ON ALL NSF CHEQUES.

DISCLAIMER OF WARRANTY

Any warranties on the product sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products.



ROCKY MOUNTAIN EQUIPMENT

Rocky Mountain Equipment LP o/a Rocky Mountain Equipment

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17720 - 105 Avenue
Edmonton, AB T5S 1G4
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Fax: (780) 483 - 0386
Toll Free: 1-855-763-1427

INVOICE

Ship to:

Denmax Energy
Darcy 780-842-3661
darcyc@denmax.ca
CSN

Invoice to:

CASH CUSTOMER #03
17720 105 AVENUE
EDMONTON AB T5S 1G4

Branch EDMONTON			*REPRINT* CNNYYY		
Date 01/25/23	Time 15:32:25 (R)	Page 01			
Account No. CASH003	Phone No. 7804862273	Reference No. P98571			
Ship Via	Purchase Order DEP: 276836				
	G.S.T. No. 79759 4660 RT0001				
Credit Card No.	Salesperson I29				

Parts Description

ORDER#: 276837

** Current Winter Hours are now in effect.

** Monday - Friday 8:00am - 5:00pm

**

**

Fold ---

Part#	Description	Bin	ORD	ISS	SHP	B/O	UTTTT	Price	Amount
LINE#: 1.									
\$DEPOSIT	DEPOSIT	9999	1	1	1			12491.81	12491.81
	040750 IS							VISA	12491.81

Signature

Date

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NO RETURNS ON ELECTRICAL OR SPECIAL ORDER PARTS.
NO RETURNS AFTER 30 DAYS.
25% RE-STOCK CHARGE ON ALL RETURNED PARTS.
\$25.00 CHARGE ON ALL NSF CHEQUES.

DISCLAIMER OF WARRANTY

Any warranties on the product sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and the seller neither assumes nor authorises any other person to assume for it any liability in connection with the sale of said products.



ROCKY MOUNTAIN EQUIPMENT

Rocky Mountain Equipment LP o/a Rocky Mountain Equipment

17720 - 105 Avenue
Edmonton, AB T5S 1G4
Tel: (780) 486 - 2273
Fax: (780) 483 - 0386
Toll Free: 1-855-763-1427

QUOTE

Ship to:

Denmax Energy
Darcy 780-842-3661
darcyc@denmax.ca
CSN

Invoice to:

CASH CUSTOMER #03
17720 105 AVENUE
EDMONTON AB T5S 1G4

Branch 03 - EDMONTON		
Date 01/24/2023	Time 11:36:56 (O)	Page 1
Account No. CASH003	Phone No. 7804862273	Reference No. 020189
Ship Via		Purchase Order
		G.S.T. No. 79759 4660 RT0001
Credit Card No.		Salesperson I29

QUOTE EXPIRY DATE: 02/23/2023

Parts Description

Part#	Description	U	Qty	Price	Amount
-------	-------------	---	-----	-------	--------

Fold - - -

USA 7 10 Business Days

KBJ18662	PUMP HYDRAULIC		1	11896.96	11896.96
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Subtotal: 11896.96

Tax: 594.85

TOTAL: 12491.81

Authorization: _____

ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS INVOICE.
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[illegible]

SHOP WORK ORDER



Box 2881, Wainwright, AB T9W 1S7
Ph: (780) 842-3661 Fax: (780) 842-3385

INVOICE NO. 6934

DATE:	Nov. 3/2021
UNIT #:	Ex-37
MECHANIC:	Tom

[illegible]

SUPERVISOR COMMENTS / WORK CARRY OVER

1000hr. service due in
23 hrs. will need
filters for 1000hr. service.

SUPERVISOR'S SIGNATURE:

27/08/2020

[illegible]

SHOP WORK ORDER



Box 2881, Wainwright, AB T9W 1S7
Ph: (780) 842-3661 Fax: (780) 842-3385

INVOICE NO. 6670

DATE: Dec 16 2020
UNIT #: EX-37
MECHANIC: Tommy

[illegible]

SUPERVISOR COMMENTS / WORK CARRY OVER

SUPERVISOR'S SIGNATURE:



Rubber Tire & Trackhoe Maintenance Checklist

Date: Dec 16/2020 Make/Model: Linkbelt Owner: Denmax
Unit #: ex-37 Serial #: _____ Hr. Meter: 2600hrs

N/A- Not Applicable	<input checked="" type="checkbox"/> Good	X- Needs Repair
<input checked="" type="checkbox"/> Engine Oil & Filter:	_____	_____
<input checked="" type="checkbox"/> Engine Air Filter:	_____	_____
<input checked="" type="checkbox"/> Radiator Checked & Cleaned:	_____	_____
<input checked="" type="checkbox"/> Coolant Level:	Strength: <u>40</u>	_____
<input checked="" type="checkbox"/> All Belts & Pulley's:	_____	_____
<input checked="" type="checkbox"/> A/C & Clutch:	_____	_____
<input checked="" type="checkbox"/> All Hoses, Fasteners/Rubbing:	_____	_____
<input checked="" type="checkbox"/> Cab Air Filters:	_____	_____
<input checked="" type="checkbox"/> Batteries, Test/Connections, Clean & Tight:	_____	_____
<input checked="" type="checkbox"/> Proheat Checked & Cleaned: <u>N/A</u>	_____	_____
<input checked="" type="checkbox"/> Backup Alarm:	_____	_____
<input checked="" type="checkbox"/> Planetary Oil Level:	_____	_____
<input checked="" type="checkbox"/> Travel Motor Oil Level:	_____	_____
<input checked="" type="checkbox"/> Drive Pump oil Level:	_____	_____
<input checked="" type="checkbox"/> Hydraulic Oil Level:	_____	_____
<input checked="" type="checkbox"/> Swing Gear Oil Level:	_____	_____
<input checked="" type="checkbox"/> Remove Inspection Cover on Swing Gear to Grease:	_____	_____
<input checked="" type="checkbox"/> Remove Travel Motor Inspection Plate & Clean out:	_____	_____
<input checked="" type="checkbox"/> Fuel & Water Separator Filters:	_____	_____
<input checked="" type="checkbox"/> Pilot & Full-Flow Filters:	_____	_____
<input checked="" type="checkbox"/> Air Filter:	_____	_____
<input checked="" type="checkbox"/> A/C Filter:	_____	_____
<input checked="" type="checkbox"/> Muffler Filter:	_____	_____
<input checked="" type="checkbox"/> Glass, Mirror's, Wipers:	_____	_____
<input checked="" type="checkbox"/> All Lighting:	_____	_____
<input checked="" type="checkbox"/> Track Tension:	_____	_____
<input checked="" type="checkbox"/> Under Carriage & Carrier Rollers Condition:	_____	_____
<input checked="" type="checkbox"/> Shackle: _____ Wrench: _____ Hammer: _____	_____	_____
<input checked="" type="checkbox"/> Bucket Teeth:	_____	_____
<input checked="" type="checkbox"/> Grease Complete Unit:	_____	_____
<input checked="" type="checkbox"/> Fire Ext. Cert & Filled: _____ Spill Kit: _____ Prev. Main. Book: _____ 1st Aid Kit: _____	_____	_____
<input checked="" type="checkbox"/> Air Shutoff:	_____	_____
<input checked="" type="checkbox"/> Cab Cleanliness:	_____	_____
<input checked="" type="checkbox"/> Decals:	_____	_____

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MATERIAL

AMOUNT

SHOP WORK ORDER

INVOICE NO. 6408



Box 2881, Mainwright, AB T9W 1S7
 Ph: (780) 842-3661 Fax: (780) 842-3385

DATE: Jan 20 / 2020

UNIT #: Ex-37

MECHANIC: Layne

DESCRIPTION OF WORK

HOURS

Idle Issue
 Check dpf filter
 Check over

Pulled side panel off checked
 wiring / functionality of switch
 Put back on, couldn't get machine
 to repeat idle issue, checked
 machine over, fluids / lights, check
 for leaks

1.5 hrs

SUPERVISOR COMMENTS / WORK CARRY OVER

Mechanic's Signature:

SUPERVISOR'S SIGNATURE:



Rubber Tire Loader & Trackhoe Maintenance Checklist

Date: June 20/20 Make/Model: _____ Owner: _____
Unit #: ex37 Serial #: _____ Hr. Meter: _____

N/A- Not Applicable	<input checked="" type="checkbox"/> Good	X- Needs Repair
<input checked="" type="checkbox"/>	Engine Oil & Filter:	_____
<input checked="" type="checkbox"/>	Engine Air Filter:	_____
<input checked="" type="checkbox"/>	Radiator Checked & Cleaned:	_____
<input checked="" type="checkbox"/>	Coolant Level:	Strength: _____
<input checked="" type="checkbox"/>	All Belts & Pulley's:	_____
<input checked="" type="checkbox"/>	A/C & Clutch:	_____
<input checked="" type="checkbox"/>	All Hoses, Fasteners/Rubbing:	_____
<input checked="" type="checkbox"/>	Cab Air Filters:	_____
<input checked="" type="checkbox"/>	Batteries, Test/Connections, Clean & Tight:	_____
<u>n/a</u>	Proheat Checked & Cleaned:	_____
<input checked="" type="checkbox"/>	Backup Alarm:	_____
<input checked="" type="checkbox"/>	Planetary Oil Level:	_____
<input checked="" type="checkbox"/>	Travel Motor Oil Level:	_____
<input checked="" type="checkbox"/>	Drive Pump oil Level:	_____
<input checked="" type="checkbox"/>	Hydraulic Oil Level:	_____
<input checked="" type="checkbox"/>	Swing Gear Oil Level:	_____
<input checked="" type="checkbox"/>	Remove Inspection Cover on Swing Gear to Grease:	_____
<input checked="" type="checkbox"/>	Remove Travel Motor Inspection Plate & Clean out:	_____
<input checked="" type="checkbox"/>	Fuel & Water Separator Filters:	<u>Drained,</u>
<input checked="" type="checkbox"/>	Pilot & Full-Flow Filters:	_____
<input checked="" type="checkbox"/>	Air Filter:	_____
<input checked="" type="checkbox"/>	A/C Filter:	_____
<input checked="" type="checkbox"/>	Muffler Filter:	_____
<input checked="" type="checkbox"/>	Glass, Mirror's, Wipers:	_____
<input checked="" type="checkbox"/>	All Lighting:	_____
<input checked="" type="checkbox"/>	Track Tension:	_____
<input checked="" type="checkbox"/>	Under Carriage & Carrier Rollers Condition:	_____
<input checked="" type="checkbox"/>	Shackle: <input checked="" type="checkbox"/> Wrench: <input checked="" type="checkbox"/> Hammer: <input checked="" type="checkbox"/>	_____
<input checked="" type="checkbox"/>	Bucket Teeth:	_____
<input checked="" type="checkbox"/>	Grease Complete Unit:	_____
<input checked="" type="checkbox"/>	Fire Ext. Cert & Filled: <input checked="" type="checkbox"/> Spill Kit: <input checked="" type="checkbox"/> Prev. Main. Book: <input checked="" type="checkbox"/> 1st Aid Kit: <input checked="" type="checkbox"/>	_____
<input checked="" type="checkbox"/>	Air Shutoff:	_____
<input checked="" type="checkbox"/>	Cab Cleanliness:	_____
<input checked="" type="checkbox"/>	Decals:	_____

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Rubber Tire & Trackhoe Maintenance Checklist

Date: Mar 31/2020 Make/Model: Linkbelt 240 Owner: Denmax
Unit #: EX-37 Serial #: _____ Hr. Meter: 1,766 hr

N/A- Not Applicable	<input checked="" type="checkbox"/> Good	X- Needs Repair
<input checked="" type="checkbox"/> Engine Oil & Filter:	_____	_____
<input checked="" type="checkbox"/> Engine Air Filter:	_____	_____
<input checked="" type="checkbox"/> Radiator Checked & Cleaned:	_____	_____
<input checked="" type="checkbox"/> Coolant Level:	Strength: <u>-45°C</u>	_____
<input checked="" type="checkbox"/> All Belts & Pulley's:	_____	_____
<input checked="" type="checkbox"/> A/C & Clutch:	_____	_____
<input checked="" type="checkbox"/> All Hoses, Fasteners/Rubbing:	_____	_____
<input checked="" type="checkbox"/> Cab Air Filters:	_____	_____
<input checked="" type="checkbox"/> Batteries, Test/Connections, Clean & Tight:	_____	_____
<input type="checkbox"/> Proheat Checked & Cleaned:	_____	_____
<input checked="" type="checkbox"/> Backup Alarm:	_____	_____
<input checked="" type="checkbox"/> Planetary Oil Level:	_____	_____
<input checked="" type="checkbox"/> Travel Motor Oil Level:	_____	_____
<input checked="" type="checkbox"/> Drive Pump oil Level:	_____	_____
<input checked="" type="checkbox"/> Hydraulic Oil Level:	_____	_____
<input checked="" type="checkbox"/> Swing Gear Oil Level:	_____	_____
<input type="checkbox"/> Remove Inspection Cover on Swing Gear to Grease:	_____	_____
<input type="checkbox"/> Remove Travel Motor Inspection Plate & Clean out:	_____	_____
<input checked="" type="checkbox"/> Fuel & Water Separator Filters:	_____	_____
<input checked="" type="checkbox"/> Pilot & Full-Flow Filters:	_____	_____
<input checked="" type="checkbox"/> Air Filter:	_____	_____
<input checked="" type="checkbox"/> A/C Filter:	_____	_____
<input checked="" type="checkbox"/> Muffler Filter:	_____	_____
<input checked="" type="checkbox"/> Glass, Mirror's, Wipers:	_____	_____
<input checked="" type="checkbox"/> All Lighting:	_____	_____
<input checked="" type="checkbox"/> Track Tension:	_____	_____
<input checked="" type="checkbox"/> Under Carriage & Carrier Rollers Condition:	_____	_____
<input checked="" type="checkbox"/> Shackle: <input checked="" type="checkbox"/> Wrench: <input checked="" type="checkbox"/> Hammer: <input checked="" type="checkbox"/>	_____	_____
<input checked="" type="checkbox"/> Bucket Teeth:	_____	_____
Grease Complete Unit:	_____	_____
<input checked="" type="checkbox"/> Fire Ext. Cert & Filled: _____	Spill Kit: <input checked="" type="checkbox"/>	Prev. Main. Book: <input checked="" type="checkbox"/> 1st Aid Kit: <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Air Shutoff:	_____	_____
<input checked="" type="checkbox"/> Cab Cleanliness:	_____	_____
<input checked="" type="checkbox"/> Decals:	_____	_____

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UNIT #: 37 UNIT TYPE: Hoe
LAST SERVICE: _____ NEXT SERVICE: 1987

REPAIRS NEEDED: *WHITE COPY MUST BE HANDED IN TO SUPERVISOR WHEN COMPLETED!*



Rubber Tire Loader & Trackhoe Maintenance Checklist

Date: March 16/2020 Make/Model: Linkbelt 240 Owner: _____
Unit #: EX-37 Serial #: _____ Hr. Meter: 1687hr

N/A- Not Applicable	<input checked="" type="checkbox"/> Good	X- Needs Repair
<input checked="" type="checkbox"/> Engine Oil & Filter:	<u>Replaced</u>	
<input checked="" type="checkbox"/> Engine Air Filter:		
<input checked="" type="checkbox"/> Radiator Checked & Cleaned:		
<input checked="" type="checkbox"/> Coolant Level:	Strength: <u>-43%</u>	
<input checked="" type="checkbox"/> All Belts & Pulley's:		
<input checked="" type="checkbox"/> A/C & Clutch:		
<input checked="" type="checkbox"/> All Hoses, Fasteners/Rubbing:		
<input checked="" type="checkbox"/> Cab Air Filters:		
<input checked="" type="checkbox"/> Batteries, Test/Connections, Clean & Tight:		
<input checked="" type="checkbox"/> Proheat Checked & Cleaned:		
<input checked="" type="checkbox"/> Backup Alarm:		
<input checked="" type="checkbox"/> Planetary Oil Level:		
<input checked="" type="checkbox"/> Travel Motor Oil Level:		
<input checked="" type="checkbox"/> Drive Pump oil Level:		
<input checked="" type="checkbox"/> Hydraulic Oil Level:		
<input checked="" type="checkbox"/> Swing Gear Oil Level:		
<input checked="" type="checkbox"/> Remove Inspection Cover on Swing Gear to Grease:		
<input checked="" type="checkbox"/> Remove Travel Motor Inspection Plate & Clean out:		
<input checked="" type="checkbox"/> Fuel & Water Separator Filters:		
<input checked="" type="checkbox"/> Pilot & Full-Flow Filters:		
<input checked="" type="checkbox"/> Air Filter:		
<input checked="" type="checkbox"/> A/C Filter:		
<input checked="" type="checkbox"/> Muffler Filter:		
<input checked="" type="checkbox"/> Glass, Mirror's, Wipers:		
<input checked="" type="checkbox"/> All Lighting:		
<input checked="" type="checkbox"/> Track Tension:		
<input checked="" type="checkbox"/> Under Carriage & Carrier Rollers Condition:		
<input checked="" type="checkbox"/> Shackle: <input checked="" type="checkbox"/> Wrench: <input checked="" type="checkbox"/> Hammer: <input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/> Bucket Teeth:		
<input checked="" type="checkbox"/> Grease Complete Unit:		
<input checked="" type="checkbox"/> Fire Ext. Cert & Filled: <input checked="" type="checkbox"/> Spill Kit: <input checked="" type="checkbox"/> Prev. Main. Book: <input checked="" type="checkbox"/> 1st Aid Kit: <input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/> Air Shutoff:		
<input checked="" type="checkbox"/> Cab Cleanliness:		
<input checked="" type="checkbox"/> Decals:		

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N/A- Not Applicable

☒ Good

X- Needs Repair

☐ Tire Pressures in p.s.i

LS

LR

RS

RR

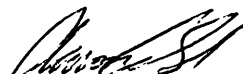
Notes

Check List Completed By:

Print:

Caron Crabb

Sign:



[illegible]

SUPERVISOR'S SIGNATURE:



Rubber Tire Loader & Trackhoe Maintenance Checklist

Date: Jan 6 / 2022 Make/Model: _____ Owner: _____
Unit #: EX-37 Serial #: _____ Hr. Meter: 1,468hr

N/A- Not Applicable	<input checked="" type="checkbox"/> Good	X- Needs Repair
<input checked="" type="checkbox"/> Engine Oil & Filter:		
<input checked="" type="checkbox"/> Engine Air Filter:		
<input checked="" type="checkbox"/> Radiator Checked & Cleaned:		
<input checked="" type="checkbox"/> Coolant Level:	Strength: <u>-46°C</u>	
<input checked="" type="checkbox"/> All Belts & Pulley's:		
<input checked="" type="checkbox"/> A/C & Clutch:		
<input checked="" type="checkbox"/> All Hoses, Fasteners/Rubbing:		
<input checked="" type="checkbox"/> Cab Air Filters:		
<input checked="" type="checkbox"/> Batteries, Test/Connections, Clean & Tight:		
<input type="checkbox"/> Proheat Checked & Cleaned:		
<input checked="" type="checkbox"/> Backup Alarm:		
<input checked="" type="checkbox"/> Planetary Oil Level:		
<input checked="" type="checkbox"/> Travel Motor Oil Level:		
<input checked="" type="checkbox"/> Drive Pump oil Level:		
<input checked="" type="checkbox"/> Hydraulic Oil Level:		
<input checked="" type="checkbox"/> Swing Gear Oil Level:		
<input type="checkbox"/> Remove Inspection Cover on Swing Gear to Grease:		
<input type="checkbox"/> Remove Travel Motor Inspection Plate & Clean out:		
<input checked="" type="checkbox"/> Fuel & Water Separator Filters:		
<input checked="" type="checkbox"/> Pilot & Full-Flow Filters:		
<input checked="" type="checkbox"/> Air Filter:		
<input checked="" type="checkbox"/> A/C Filter:		
<input checked="" type="checkbox"/> Muffler Filter:		
<input checked="" type="checkbox"/> Glass, Mirror's, Wipers:		
<input checked="" type="checkbox"/> All Lighting:		
<input checked="" type="checkbox"/> Track Tension:		
<input checked="" type="checkbox"/> Under Carriage & Carrier Rollers Condition:		
<input checked="" type="checkbox"/> Shackle: <input checked="" type="checkbox"/> Wrench: <input checked="" type="checkbox"/> Hammer: <input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/> Bucket Teeth:		
<input checked="" type="checkbox"/> Grease Complete Unit:		
<input checked="" type="checkbox"/> Fire Ext. Cert & Filled: <input checked="" type="checkbox"/> Spill Kit: <input checked="" type="checkbox"/> Prev. Main. Book: <input checked="" type="checkbox"/> 1st Aid Kit: <input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/> Air Shutoff:		
<input checked="" type="checkbox"/> Cab Cleanliness:		
<input checked="" type="checkbox"/> Decals:		

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N/A- Not Applicable

☒ Good

X- Needs Repair

N/A

Tire Pressures in p.s.i

LS

LR

RS

RR

Notes

Check List Completed By:

Print:

Claron Crabb

Sign:

Claron Crabb