Este documento es muy importante. Si ud. No habla inglés, busque un traductor o llame al (806) 472-7681.

U.S. Department of Labor Occupational Safety and Health Administration
1205 Texas Ave. Room 806
Lubbock, TX 79401
Phone: (806) 472-7681 Fax: (806) 472-7686

September 8, 2015

On 03/10/2015, an OSHA compliance officer met with you or your representative as part of an inspection at Well Site off of CR 2401 Midkiff, TX 79755. This letter includes the citations for the violations that were found (see summary below). Please choose one of the three options from the box to the right and complete the associated steps found on the following page **within 15 working days.** Please call us if you have any questions about the enclosed citation and/or penalties; we are here to help you choose the best option to resolve your citation as quickly as possible.

Sincerely,

Elizabeth Linda Routh, Area Director

Your Citation Summary

Mason Well Service
Inspection Number: 1045380

Total Amount Due: **$50400.00**

Payment Due Date: **15 working days after receipt of this letter**

You must correct each violation by the date listed in the Citation and Notification of Penalty. Please see the violations and the correction deadline for each violation starting on page 6.

Total Number of Violations : 8

Your First Correction Deadline is: October 2, 2015

Step 1 – Choose a Response Option and *Act within 15 working days*

Respond now before you lose the ability to discuss potential adjustments to penalty amounts and/or due dates. Please choose one option below and complete the steps on the next page.

Option #1 – Discuss with OSHA

I would like to discuss the citation with an OSHA representative. This may lead to changes in the penalty amount, due date or correction deadlines (if appropriate).

Option #2 – Correct and Pay

I agree with the citation, penalties, and correction deadlines, and do not contest.

Option #3 – Contest the Citation

I do not agree with the citation, penalties, and/or correction deadlines, and would like to contest.

Questions or Concerns?

If you have any questions or concerns regarding the citation, penalties, and/or correction deadlines, please call us at (806) 472-7681.

Step 2 – Complete One Option Checklist

Please post a copy of the citation at or near the place where each violation occurred, even if you plan to contest. You can use the checklist to the right to help plan your next steps. Please do not send in your checklist.

Option #1 – Discuss with OSHA

I will complete by:

1. Call: Elizabeth Linda Routh, Area Director, at (806) 472-7681 as soon as possible to schedule a meeting with an OSHA representative that must occur **within 15 working days** of receiving this citation. Bring supporting documentation of existing conditions and corrections done thus far. If necessary, you can still contest the citation after this meeting. ****This meeting does NOT extend your 15 working day deadline to contest the citation.****

☐ __ / __

2. Fill in and post the attached "Notice to Employees OSHA Informal Conference" after scheduling meeting.

☐ __ / __

Option #2 – Correct Violations and Pay Penalty

I will complete by:

1. Correct violations, then complete and mail the attached "Certification of Corrective Action Worksheet" along with the appropriate evidence of repair (e.g. photos, purchase orders, etc.) to the OSHA office listed on the first page, **postmarked within 10 calendar days after each violation's correction deadline and include any required evidence. If these documents are transmitted by means other than mailing, the date the Agency received the documents is the date of submission.**

☐ __ / __

2. Pay the **Total Penalty** by using one of the following methods:
****Include your Inspection Number (see first page) on the payment.****

☐ __ / __

Pay Online: Search "OSHA" on www.pay.gov and complete the "OSHA Penalty Payment Form." Pay by debit, credit or Automated Clearing House (ACH) **within 15 working days**. Penalties over $25,000 must be paid by ACH and require a Transaction ID (Call 202-693-2170 to obtain one).

Pay by Check: Mail check or money order payable to "DOL-OSHA" for the Total Penalty to the OSHA office listed on the first page **within 15 working days.**

Option #3 – Contest the Citation

I will complete by:

Mail a letter of intent to legally contest to the OSHA office listed on the first page, postmarked within **15 working days.**

☐ __ / __

U.S. Department of Labor
Occupational Safety and Health Administration
1205 Texas Ave.
Room 806
Lubbock, TX 79401
Phone: 806-472-7681 Fax: 806-472-7686

Citation and Notification of Penalty

To:
Mason Well Service
and its successors
PO Box 61166
Midland, TX 79711

Inspection Site:
Well Site off of CR 2401
Midkiff, TX 79755

Inspection Number: 1045380
Inspection Date(s): 03/10/2015 - 03/10/2015
Issuance Date: 09/08/2015

The violation(s) described in this Citation and Notification of Penalty is (are) alleged to have occurred on or about the day(s) the inspection was made unless otherwise indicated within the description given below.

This Citation and Notification of Penalty (this Citation) describes violations of the Occupational Safety and Health Act of 1970. The penalty(ies) listed herein is (are) based on these violations. You must abate the violations referred to in this Citation by the dates listed and pay the penalties proposed, unless within 15 working days (excluding weekends and Federal holidays) from your receipt of this Citation and Notification of Penalty **you either call to schedule an informal conference (see paragraph below) or** you mail a notice of contest to the U.S. Department of Labor Area Office at the address shown above. Please refer to the enclosed booklet (OSHA 3000) which outlines your rights and responsibilities and which should be read in conjunction with this form. Issuance of this Citation does not constitute a finding that a violation of the Act has occurred unless there is a failure to contest as provided for in the Act or, if contested, unless this Citation is affirmed by the Review Commission or a court.

Posting - The law requires that a copy of this Citation and Notification of Penalty be posted immediately in a prominent place at or near the location of the violation(s) cited herein, or, if it is not practicable because of the nature of the employer's operations, where it will be readily observable by all affected employees. This Citation must remain posted until the violation(s) cited herein has (have) been abated, or for 3 working days (excluding weekends and Federal holidays), whichever is longer.

Informal Conference - An informal conference is not required. However, if you wish to have such a conference you may request one with the Area Director during the 15 working day contest period. During such an informal conference you may present any evidence or views which you believe would support an adjustment to the citation(s) and/or penalty(ies).

If you are considering a request for an informal conference to discuss any issues related to this Citation and Notification of Penalty, you must take care to schedule it early enough to allow time to contest after the informal conference, should you decide to do so. Please keep in mind that a written letter of intent to contest must be submitted to the Area Director within 15 working days of your receipt of this Citation. The running of this contest period is not interrupted by an informal conference.

If you decide to request an informal conference, please complete, remove and post the Notice to Employees next to this Citation and Notification of Penalty as soon as the time, date, and place of the informal conference have been determined. Be sure to bring to the conference any and all supporting documentation of existing conditions as well as any abatement steps taken thus far. If conditions warrant, we can enter into an informal settlement agreement which amicably resolves this matter without litigation or contest.

Right to Contest – You have the right to contest this Citation and Notification of Penalty. You may contest all citation items or only individual items. You may also contest proposed penalties and/or abatement dates without contesting the underlying violations. **Unless you inform the Area Director in writing that you intend to contest the citation(s) and/or proposed penalty(ies) within 15 working days after receipt, the citation(s) and the proposed penalty(ies) will become a final order of the Occupational Safety and Health Review Commission and may not be reviewed by any court or agency.**

Penalty Payment – Penalties are due within 15 working days of receipt of this notification unless contested. (See the enclosed booklet and the additional information provided related to the Debt Collection Act of 1982.) Make your check or money order payable to "DOL-OSHA". Please indicate the Inspection Number on the remittance. You can also make your payment electronically on www.pay.gov. On the left side of the pay.gov homepage, you will see an option to Search Public Forms. Type "**OSHA**" and click Go. From the results, click on **OSHA Penalty Payment Form**. The direct link is:

https://www.pay.gov/paygov/forms/formInstance.html?agencyFormId=53090334.

You will be required to enter your inspection number when making the payment. Payments can be made by credit card or Automated Clearing House (ACH) using your banking information. Payments of $25,000 or more require a Transaction ID, and also must be paid using ACH. If you require a Transaction ID, please contact the OSHA Debt Collection Team at (202) 693-2170.

OSHA does not agree to any restrictions or conditions or endorsements put on any check, money order, or electronic payment for less than the full amount due, and will process the payments as if these restrictions or conditions do not exist.

Notification of Corrective Action – For each violation which you do not contest, you must provide ***abatement certification*** to the Area Director of the OSHA office issuing the citation and identified above. This abatement certification is to be provided by letter within 10 calendar days after each abatement date. Abatement certification includes the date and method of abatement. If the citation indicates that the violation was corrected during the inspection, no abatement certification is required for that item. The abatement certification letter must be posted at the location where the violation appeared and the corrective action took place or employees must otherwise be effectively informed about abatement activities. A sample abatement certification letter is enclosed with this Citation. In addition, where the citation indicates that ***abatement documentation*** is necessary, evidence of the purchase or repair of equipment, photographs or video, receipts, training records, etc., verifying that abatement has occurred is required to be provided to the Area Director.

Employer Discrimination Unlawful – The law prohibits discrimination by an employer against an employee for filing a complaint or for exercising any rights under this Act. An employee who believes that he/she has been discriminated against may file a complaint no later than 30 days after the discrimination occurred with the U.S. Department of Labor Area Office at the address shown above.

Employer Rights and Responsibilities – The enclosed booklet (OSHA 3000) outlines additional employer rights and responsibilities and should be read in conjunction with this notification.

Notice to Employees – The law gives an employee or his/her representative the opportunity to object to any abatement date set for a violation if he/she believes the date to be unreasonable. The contest must be mailed to the U.S. Department of Labor Area Office at the address shown above and postmarked within 15 working days (excluding weekends and Federal holidays) of the receipt by the employer of this Citation and Notification of Penalty.

Inspection Activity Data – You should be aware that OSHA publishes information on its inspection and citation activity on the Internet under the provisions of the Electronic Freedom of Information Act. The information related to these alleged violations will be posted when our system indicates that you have received this citation. You are encouraged to review the information concerning your establishment at www.osha.gov. If you have any dispute with the accuracy of the information displayed, please contact this office.

NOTICE TO EMPLOYEES OF INFORMAL CONFERENCE

An informal conference has been scheduled with OSHA to discuss the citation(s) issued on 09/08/2015. The conference will be held by telephone or at the OSHA office located at 1205 Texas Ave., Room 806, Lubbock, TX 79401 on _____ at _____.

Employees and/or representatives of employees have a right to attend an informal conference.

CERTIFICATION OF CORRECTIVE ACTION WORKSHEET

Inspection Number: 1045380

Company Name: Mason Well Service
Inspection Site: Well Site off of CR 2401, Midkiff, TX 79755
Issuance Date: 09/08/2015

List the specific method of correction for each item on this citation in this package that does not read "Corrected During Inspection" and return to: **U.S. Department of Labor – Occupational Safety and Health Administration, 1205 Texas Ave., Room 806, Lubbock, TX 79401**

Citation Number _____ and Item Number _____ was corrected on _____
By (Method of Abatement): _____
_____

Citation Number _____ and Item Number _____ was corrected on _____
By (Method of Abatement): _____
_____

Citation Number _____ and Item Number _____ was corrected on _____
By (Method of Abatement): _____
_____

Citation Number _____ and Item Number _____ was corrected on _____
By (Method of Abatement): _____
_____

Citation Number _____ and Item Number _____ was corrected on _____
By (Method of Abatement): _____
_____

Citation Number _____ and Item Number _____ was corrected on _____
By (Method of Abatement): _____
_____

I certify that the information contained in this document is accurate and that the affected employees and their representatives have been informed of the abatement.

_____ _____
Signature Date

_____ _____
Typed or Printed Name Title

NOTE: 29 USC 666(g) whoever knowingly makes any false statements, representation or certification in any application, record, plan or other documents filed or required to be maintained pursuant to the Act shall, upon conviction, be punished by a fine of not more than $10,000 or by imprisonment of not more than 6 months or both.

POSTING: A copy of completed Corrective Action Worksheet should be posted for employee review

Citation and Notification of Penalty

Company Name: Mason Well Service
Inspection Site: Well Site off of CR 2401, Midkiff, TX 79755

Citation 1 Item 1 Type of Violation: **Serious**

29 CFR 1910.132(a): Protective equipment was not used when necessary whenever hazards capable of causing injury and impairment were encountered.

On or about March 10, 2015 the employer did not ensure that personal protective equipment (Flame Resistant Clothing) was worn when employees were working in areas with a potential for flash fires exposing employees to fire and explosion hazards.

ABATEMENT DOCUMENTATION REQUIRED FOR THIS ITEM

Date By Which Violation Must be Abated:	10/02/2015
Proposed Penalty:	$7000.00

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

Citation and Notification of Penalty

Company Name: Mason Well Service
Inspection Site: Well Site off of CR 2401, Midkiff, TX 79755

Citation 1 Item 2 Type of Violation: **Serious**

29 CFR 1910.132(d)(1): The employer did not assess the workplace to determine if hazards are present, or are likely to be present, which necessitate the use of personal protective equipment (PPE).

On or about March 10, 2015 the employer did not ensure that personal protective equipment hazard assessment had been done to determine what personal protective equipment (PPE) was required exposing employees to flash fire hazards.

ABATEMENT DOCUMENTATION REQUIRED FOR THIS ITEM

Date By Which Violation Must be Abated:	10/02/2015
Proposed Penalty:	$7000.00

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

Citation and Notification of Penalty

Company Name: Mason Well Service
Inspection Site: Well Site off of CR 2401, Midkiff, TX 79755

Citation 1 Item 3 Type of Violation: **Serious**

29 CFR 1910.307(b): Documentation for areas designated as hazardous (classified) locations under the Class and Zone system and areas designated under the Class and Division system established after August 13, 2007 was not available to those authorized to design, install, inspect, maintain, or operate electric equipment at the location:

On or about March 10, 2015 the employer did not provide documentation that the drilling area of the rig floor is a hazardous location. This violation occurred at the well site off of County Road 2401 exposing employees to fire and explosion hazards.

ABATEMENT DOCUMENTATION REQUIRED FOR THIS ITEM

Date By Which Violation Must be Abated:	10/02/2015
Proposed Penalty:	$7000.00

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

Citation and Notification of Penalty

Company Name: Mason Well Service
Inspection Site: Well Site off of CR 2401, Midkiff, TX 79755

Citation 1 Item 4 Type of Violation: **Serious**

29 CFR 1910.134(d)(1)(iii): The employer did not identify and evaluate the respiratory hazard(s) in the workplace.

On or about March 10, 2015 the employer did not ensure that employees were protected from coming into contact with hydrogen sulfide gas at the well site exposing employees to respiratory health hazards.

ABATEMENT DOCUMENTATION REQUIRED FOR THIS ITEM

Date By Which Violation Must be Abated:	10/02/2015
Proposed Penalty:	$7000.00

Citation and Notification of Penalty

Company Name: Mason Well Service
Inspection Site: Well Site off of CR 2401, Midkiff, TX 79755

The alleged violations below have been grouped because they involve similar or related hazards that may increase the potential for injury or illness.

Citation 1 Item 5 a Type of Violation: **Serious**

29 CFR 1910.1000(b)(2): Employee(s) were exposed to an airborne concentration of Hydrogen Sulfide listed in Table Z-2 in excess of the ceiling concentration of 20 parts per million (PPM).

On or about March 10, 2015 the employer did not ensure that employees were protected from coming into contact with hydrogen sulfide gas at the well site exposing employees to respiratory health hazards.

Among other methods, feasible and acceptable means of abatement would include complying with American Petroleum Institute Recommended Practice for Drilling and Well Servicing Operations Involving Hydrogen Sulfide 49 in the following Sections 4.1 Personal and Equipment Protection and Section 6 Detection Equipment and personal Protection Equipment. An additional abatement method is to follow the manufacturers instructions of testing the monitor daily.

ABATEMENT DOCUMENTATION REQUIRED FOR THIS ITEM

Date By Which Violation Must be Abated:	10/02/2015
Proposed Penalty:	$7000.00

Citation and Notification of Penalty

Company Name: Mason Well Service
Inspection Site: Well Site off of CR 2401, Midkiff, TX 79755

Citation 1 Item 5 b Type of Violation: **Serious**

29 CFR 1910.1000(e): Feasible administrative or engineering controls were not determined and implemented to achieve compliance with the limits prescribed in 29 CFR 1910.1000(a) through (d).

On or about March 10, 2015 the employer did not ensure that employees were protected from coming into contact with hydrogen sulfide gas at the well site exposing employees to respiratory health hazards.

ABATEMENT DOCUMENTATION REQUIRED FOR THIS ITEM

Date By Which Violation Must be Abated: 10/02/2015

Citation and Notification of Penalty

Company Name: Mason Well Service
Inspection Site: Well Site off of CR 2401, Midkiff, TX 79755

Citation 1 Item 5 c Type of Violation: **Serious**

29 CFR 1910.134(a)(2): The employer did not establish and maintain a respiratory protection program which included the requirements outlined in 29 CFR 1910.134(c): (Construction Reference 1926.103)(a).

On or about March 10, 2015 the employer did not ensure that employees were protected from coming into contact with hydrogen sulfide gas at the well site exposing employees to respiratory health hazards.

ABATEMENT DOCUMENTATION REQUIRED FOR THIS ITEM

Date By Which Violation Must be Abated: 10/02/2015

Citation and Notification of Penalty

Company Name: Mason Well Service
Inspection Site: Well Site off of CR 2401, Midkiff, TX 79755

Citation 2 Item 1 Type of Violation: **Repeat**

29 CFR 1910.106(b)(6): In locations where flammable vapors may be present, precautions were not taken to prevent ignition by eliminating or controlling sources of ignition. Sources of ignition may include open flames, lightning, smoking, hot surfaces, frictional heat, sparks (static, electrical, and mechanical), spontaneous ignition, chemical and physical-chemical reactions, and radiant heat.

On or about March 10, 2015 the employer did not ensure that precautions were made to prevent sources of ignition in areas where flammable vapors were present exposing employees to fire and explosion hazards in the following instances:

1) Allowing a pickup truck to come into close vicinity to the well head

2) Allowing smoking near the well head

Mason Well Service was previously cited for a violation of this occupational safety and health standard or its equivalent standard 29 CFR 1910.106(b)(6), which was contained in OSHA inspection number 958669, citation number 1, item number 1 and was affirmed as a final order on April 17, 2014, with respect to a workplace located at Sherrod Unit 2421 outside of Midkiff, TX 79755.

ABATEMENT DOCUMENTATION REQUIRED FOR THIS ITEM

Date By Which Violation Must be Abated: 10/02/2015
Proposed Penalty: $15400.00

E L Routh

Elizabeth Linda Routh
Area Director

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

U.S. Department of Labor
Occupational Safety and Health Administration
1205 Texas Ave.
Room 806
Lubbock, TX 79401
Phone: 806-472-7681 Fax: 806-472-7686

INVOICE / DEBT COLLECTION NOTICE

Company Name: **Mason Well Service**
Inspection Site: **Well Site off of CR 2401, Midkiff, TX 79755**
Issuance Date: **09/08/2015**

Summary of Penalties for Inspection Number	**1045380**
Citation 1, Serious	**$35000.00**
Citation 2, Repeat	**$15400.00**
TOTAL PROPOSED PENALTIES	**$50400.00**

To avoid additional charges, please remit payment promptly to this Area Office for the total amount of the uncontested penalties summarized above. Make your check or money order payable to: "DOL-OSHA". Please indicate OSHA's Inspection Number (indicated above) on the remittance. You can also make your payment electronically on www.pay.gov. On the left side of the pay.gov homepage, you will see an option to Search Public Forms. Type "**OSHA**" and click Go. From the results, click on **OSHA Penalty Payment Form**. The direct link is https://www.pay.gov/paygov/forms/formInstance.html?agencyFormId=53090334. You will be required to enter your inspection number when making the payment. Payments can be made by credit card or Automated Clearing House (ACH) using your banking information. Payments of $25,000 or more require a Transaction ID, and also must be paid using ACH. If you require a Transaction ID, please contact the OSHA Debt Collection Team at (202) 693-2170.

OSHA does not agree to any restrictions or conditions or endorsements put on any check, money order, or electronic payment for less than the full amount due, and will cash the check or money order as if these restrictions or conditions do not exist.

If a personal check is issued, it will be converted into an electronic fund transfer (EFT). This means that our bank will copy your check and use the account information on it to electronically debit your account for the amount of the check. The debit from your account will then usually occur within 24 hours and will be shown on your regular account statement. You will not receive your original check back. The bank will destroy your original check, but will keep a copy of it. If the EFT cannot be completed because of insufficient funds or closed

account, the bank will attempt to make the transfer up to 2 times.

Pursuant to the Debt Collection Act of 1982 (Public Law 97-365) and regulations of the U.S. Department of Labor (29 CFR Part 20), the Occupational Safety and Health Administration is required to assess interest, delinquent charges, and administrative costs for the collection of delinquent penalty debts for violations of the Occupational Safety and Health Act.

Interest: Interest charges will be assessed at an annual rate determined by the Secretary of the Treasury on all penalty debt amounts not paid within one month (30 calendar days) of the date on which the debt amount becomes due and payable (penalty due date). The current interest rate is one percent (1%). Interest will accrue from the date on which the penalty amounts (as proposed or adjusted) become a final order of the Occupational Safety and Health Review Commission (that is, 15 working days from your receipt of the Citation and Notification of Penalty), unless you file a notice of contest. Interest charges will be waived if the full amount owed is paid within 30 calendar days of the final order.

Delinquent Charges: A debt is considered delinquent if it has not been paid within one month (30 calendar days) of the penalty due date or if a satisfactory payment arrangement has not been made. If the debt remains delinquent for more than 90 calendar days, a delinquent charge of six percent (6%) per annum will be assessed accruing from the date that the debt became delinquent.

Administrative Costs: Agencies of the Department of Labor are required to assess additional charges for the recovery of delinquent debts. These additional charges are administrative costs incurred by the Agency in its attempt to collect an unpaid debt. Administrative costs will be assessed for demand letters sent in an attempt to collect the unpaid debt.

E L Routh

Elizabeth Linda Routh

Area Director

9-8-15

Date

U.S. Department of Labor **Occupational Safety and Health Administration**
Lubbock Area Office
1205 Texas Avenue, Room 806
Lubbock, Texas 79401
Phone: 806-472-7681 Fax: 806-472-7686
http://www.osha.gov

Mason Well Service
Po Box 61166
Midland, TX 79711

Dear Employer:

Under a law passed by Congress in 1996, the Small Business Administration (SBA) has established the SBA Ombudsman and SBA Regional Fairness Boards to investigate small business complaints pertaining to federal agency enforcement actions.

If you are a small business and believe you have been treated unfairly by the Occupational Safety and Health Administration (OSHA), you may file a written, signed complaint with the SBA Ombudsman at:

Small Business Administration
Office of the National Ombudsman
409 Third Street SW
Washington, DC 20024
Phone: (202) 205-2417
Fax: (202) 481-5719

You can also access and download the Complaint/Comment form by visiting their website at:

http://www.sba.gov/aboutsba/sbaprograms/ombudsman/index.html

Or, call Toll Free: 1-888-REGFAIR

NOTE: Filing a complaint with the SBA Ombudsman does not affect any obligation you may have to comply with an OSHA citation or other enforcement action. Nor does it mean you need not to take other available legal steps to protect your interest.

Your support in worker occupational health and safety is appreciated.

Sincerely,

E L Routh

Elizabeth Linda Routh
Area Director