JOB NO. 4684 DIXIE CARRIERS
BARGE: DC-360 5/95

HER 02439

8000642

HERCULES
MARINE SERVICES CORPORATION

Strength through environmental awareness and customer service

P.O. Drawer O
Freeport, Texas 77541

Office (409) 233-6371
Fax. (409) 233-6375

EQUIPMENT	HOURS USED	HOURLY RATE	TOTAL PRICE
COMPRESSOR	8	44.00	
AIR MOVERS	24	5.00	
VACUUM	3	20.00	
BOILER		80.00	
HAND HOSE	3	10.00	
BUTTERWORTH		10.00	
2" STRIP PUMP		12.00	
3" DIESEL PUMP		14.00	
4" ELECT PUMP		15.00	
CRANE		130.00	
CHERRYPICKER		50.00	
FORKLIFT		20.00	
TUG BOAT		80.00	
WELD MACHINE		15.00	
CUTTING RIG		8.00	
WORK BARGE		35.00	
HAUL OUT		1100.00	

DATE: 5-16-95 JOB NO: 4684 BARGE NAME: D.C. 360

HER 02440

JOB NO: 4684 BARGE NAME: DC 360 DATE: 5-16-88

WORK SCOPE

SETUP EQUIPMENT ✓

STRIP OUT ALL FREE PRODUCT ✓

HOT WATER WASH AND BLOW PIPELINE AND STRIPPING SYSTEM

HOT WATER WASH CARGO TANKS

COLD WATER WASH PIPE LINE AND STRIPPING SYSTEM

COLD WATER WASH CARGO TANKS

HOT CHEMICAL WASH

BLOW CARGO PIPELINE AND STRIPPING SYSTEM ✓

VACUUM BLOW DRY CARGO TANKS ✓

SWEEP POWDER RUST FROM CARGO TANK FLOORS ✓

WASH AND STRIP DECK AROUND ENGINE AND HEADERS ✓

PRESSURE TEST CARGO PIPELINE TO 600 PSI

CLEAN OFF DECK ✓

REMOVE EQUIPMENT ✓

CLOSE BARGE ✓

HER 02441

HERCULES
MARINE SERVICES CORPORATION
P. O. Drawer O • Freeport, Texas 77541

INVOICE NO. : 2983-95
DATE : June 6, 1995
Job No. : 4684-1
Location : Freeport Yard

TO: Dixie Carriers Inc.
2102 Broadway
Houston, Texas 77012

PLEASE REMIT PAYMENTS TO:
11011 RICHMOND
SUITE 500
HOUSTON, TX. 77042

Terms : Net 30

FOR: Services to the barge DC-360 as follows:

Set up equipment
Strip out all free product
Blow cargo pipeline and stripping system
Vacuum blow dry cargo tanks
Pressure test cargo pipeline to 40# psi
Remove equipment
Close barge

Labor:	Leadman 4½ @ 33.50	$ 150.75
	Journey 25 @ 31.00	775.00
Stock Material:	39.99 + 7.99	47.98
Equip:		
	Compressor 8 @ 44.00	352.00
	Air Movers 24 @ 5.00	120.00
	Vacuum 3 @ 20.00	60.00
	Hand Hose 3 @ 10.00	30.00
	TOTAL AMOUNT DUE:	$1,535.73

Arrived: 5/16 9:00am
Completed: 5/16 2:00pm
Product: Methanol

PHONE: (409) 233-6371

HER 02442

Strength through Experience, Equipment, Know-How

JOB WORKSCOPE/BREAKDOWN

JOB NO: 4684 CUSTOMER: Dixie BARGE: DC-360

FOREMAN:	S/T	@36.00		$
	O/T	@51.75		
LEADMAN:	S/T 4½	@33.50		150.75
	O/T	@48.00		
JOURNEY:	S/T 25	@31.00		775.00
	O/T	@44.25		

29 x 3 - 25

DISPOSAL: _____ GAL @ .35

MATERIAL: _____ PLUS 20% _____

STOCK MATERIAL: 39.99 PLUS 20% 7.99 — 47.98

EQUIP:

COMPRESSOR	8	@ 44.00	352.00
AIR MOVERS	24	@ 5.00	120.00
FORKLIFT		@ 20.00	
TUGBOAT		@ 80.00	
STEAM RIG		@ 80.00	
VACUUM	3	@ 20.00	60.00
HAND HOSE	3	@ 10.00	30.00
WELDING MACHINE		@ 15.00	
CHERRYPICKER		@ 50.00	
CRANE		@130.00	
FLATBED TRUCK		@ 20.00	
3" GAS PUMP		@ 14.00	
2" STRIP PUMP		@ 12.00	
BUTTERWORTH		@ 10.00	
4" ELECTRIC PUMP		@ 15.00	
WORK BARGE		@ 35.00	
CUTTING RIG		@ 8.00	
HAUL OUT		@1100.00/day	

Gen

ARRIVED: 5/16 9:00 A COMPLETED: 5/16 2:00 PM DEPARTED: _____

PRODUCT: Methanol LOAD: _____

TOTAL INVOICE: 1535.73 ~~1477.75~~

HER 02443

HAZARDS COMMUNICATION STANDARD

OSHA 1910.1200

EMPLOYEE HAZARDOUS MATERIALS TRAINING PROGRAM

Date 5-16-95

Supervisor [illegible]

Plant HERCULES

Client Safety _____

Area GAS FREE DOCK
D.C. 360

The following listed materials are considered to be hazardous to the employees working in this area:

methanol

The employees assigned to work in this area have been informed of the hazardous materials in this area, the hazards they present to the workers, the location of hazards listed, the protective equipment that has been provided and where it is located, and procedures to be followed in case of an accidental exposure. I have received the training listed above and will so designate by signing this form.

NAME	BADGE	NAME	BADGE
[illegible] Hernandez	336		
[illegible]	64		

HER 02444

XIII Label Information

Manufacturer: ARCO CHEMICAL COMPANY
3801 WEST CHESTER PIKE
NEWTOWN SQUARE, PA. 19073

Telephone Numbers
EMERGENCY
800/424-9300 CHEMTREC
215/359-8300 ARCO CHEM
CUSTOMER SERVICE
800/881-7000 INFO ONLY

Use Statement: FOR INDUSTRIAL USE ONLY
KEEP OUT OF REACH OF CHILDREN

Signal Word: DANGER

Physical Hazards:
EXTREMELY FLAMMABLE

Health Hazards:
INHALATION HAZARD
SKIN CONTACT HAZARD
INGESTION HAZARD
EYE IRRITANT
SKIN IRRITANT
MAY CAUSE LONG-TERM ADVERSE HEALTH EFFECTS

Precautionary Measures:
DO NOT HANDLE NEAR HEAT, SPARKS, OR OPEN FLAME.
KEEP CONTAINER CLOSED WHEN NOT IN USE.
DO NOT STORE NEAR COMBUSTIBLE MATERIALS.
AVOID CONTACT WITH EYES.
AVOID PROLONGED OR REPEATED BREATHING OF VAPOR.
AVOID PROLONGED OR REPEATED CONTACT WITH SKIN.
USE ONLY WITH ADEQUATE VENTILATION/PERSONAL PROTECTION.
PREVENT CONTACT WITH FOOD, CHEWING, OR SMOKING MATERIALS.
WASH THOROUGHLY AFTER HANDLING.
DO NOT TASTE/SWALLOW.

DOT Information:
Hazard Class: 3 (FLAMMABLE LIQUID)
Proper Shipping: METHYL ALCOHOL
UN/NA ID Number: UN 1230

Component Name	CAS Number
METHANOL	67-56-1

Instructions:
In case of fire, use: DRY CHEMICAL, WATER FOG, CO2, WATERSPRAY

First Aid
- Inhalation: IF OVERCOME BY EXPOSURE, REMOVE VICTIM TO FRESH AIR IMMEDIATELY. GIVE OXYGEN OR ARTIFICIAL RESPIRATION AS NEEDED. OBTAIN EMERGENCY MEDICAL ATTENTION. PROMPT ACTION IS ESSENTIAL
- Eye Contact: IN CASE OF EYE CONTACT, IMMEDIATELY RINSE WITH CLEAN WATER FOR 20-30 MINUTES. RETRACT EYELIDS OFTEN. OBTAIN EMERGENCY MEDICAL ATTENTION.
- Skin Contact: IMMEDIATELY REMOVE CONTAMINATED CLOTHING. WASH SKIN THOROUGHLY WITH MILD SOAP/WATER. FLUSH W/LUKEWARM WATER FOR 15 MINUTES. IF STICKY, USE WATERLESS CLEANER FIRST. SEEK MEDICAL ATTENTION IF ILL EFFECT OR IRRITATION DEVELOPS.
- Ingestion: IF SWALLOWED, GIVE LUKEWARM WATER (PINT) IF VICTIM COMPLETELY CONSCIOUS/ALERT INDUCE VOMITING OBTAIN EMERGENCY MEDICAL ATTENTION. PROMPT ACTION IS ESSENTIAL

In case of spill: EXTREMELY FLAMMABLE LIQUID. RELEASE CAUSES IMMEDIATE FIRE/EXPLOSION HAZARD. EXTINGUISH ALL IGNITION SOURCES. IMPOUND/RECOVER LARGE LAND SPILL; SOAK UP SMALL SPILL. ON WATER, MAY BIODEGRADE. CONTAIN/MINIMIZE DISPERSION/COLLECT. REPORT PER REGULATORY REQUIREMENTS.

Protective Equipment:
- Respiratory: USE NIOSH/MSHA APPROVED SUPPLIED AIR OR SELF-CONTAINED BREATHING APPARATUS.
- Eye: CHEMICAL SPLASH GOGGLES AND/OR FACE SHIELD.
- Skin: PROTECTIVE CLOTHING INCLUDING GLOVES, APRON, SLEEVES, BOOTS, AND FULL HEAD/FACE PROTECTION

PLEASE FILL OUT EVERYTHING ON THIS PAGE BEFORE TURNING INTO SYLVIA

T I M E S H E E T

DATE: 5/16/95 JOB NO: 4684

BARGE NAME: DC - 360 OVERHEAD:

OFFSHORE:

TIME START: 9:00 am TIME STOP: 2:00 pm

NAME:	HOURS:	
DANIEL HERNANDEZ ✓	4½ S/T	O/T
SAM PETTIT	2½ S/T	O/T
GABRIEL DE LA ROSA ✓	4½ S/T	O/T
JUAN RIVERA ✓	4½ S/T	O/T
CLAUDIO DUARTE ✓	4½ S/T	O/T
LUCIO NAJERA ✓	4½ S/T	O/T
JOSE CASAS ✓	4½ S/T	O/T

JOB DESCRIPTION: Strip & Blow Dry
Use Three pair Respirator Filter, Three Coveralls
& Three pair Rubber Gloves

HER 02446

MARINE SERVICE CORP.
FREEPORT, TEXAS

FOREMAN'S DAILY TIME REPORT

JOB NO. 4684

DATE 5-16-95

CLASS NO. DC-360

BADGE NO.	NAME	Stop + Blowdown											TOTAL HOURS
4[illegible]													
[illegible]													
[illegible]4	JOSE CASAS	4½											4½
[illegible]													
7[illegible]													
[illegible]	GABRIEL DE LA ROSA	4½											4½
[illegible]	DANIEL HERNANDEZ	4½											4½
[illegible]	JUAN RIVERA	4½											4½
5[illegible]	CLAUDIO DUARTE	4½											4½
[illegible]													
[illegible]	SAM PETTIT	2½											2½
[illegible]	LUCIO NAJERA	4½											4½
	TOTAL HOURS												29½

GNED _____ FOREMAN

CODED AND EXTENDED BY _____

APPROVED BY _____

HER 02447

HERCULES OFFSHORE CORPORATION
MARINE DIVISION
JOB COST WORKSHEET

Job #: 4684 | Invoice #:
Date Started: May 16, 1995 | Date Finished: May 16, 1995
Job Type: CLEANING
Customer: DIXIE CARRIERS | Barge Name/#: DC-360

Estimated Materials :		TOTAL Materials :	0.00
Estimated Labor :		TOTAL Labor :	444.55
Estimated Waste Water:		TOTAL Waste Water:	0.00
Total Estimated Cost :	0.00	TOTAL JOB COST :	444.55
		AMOUNT BILLED :	1,535.73
		PROFIT/(LOSS) :	1,091.18

WASTE WATER DISPOSAL

# of Gallons: x $ 0.35 per gallon = $: 0.00

MATERIALS

Invoice #	Vendor	P.O. #	Amount

MATERIALS con't

Invoice #	Vendor	P.O. #	Amount

HER 02448

TOTAL MATERIALS : 0.00

LABOR HOURS

Emp#	Employee Name	Init	Pay1	Hours	Total	Pay2	Hours	Total
664	CASAS	J						
49	DE LA ROSA	G						
229	HERNANDEZ	D						
70	RIVERA	J						
53	DUARTE	C						
41	PETTIT	S						
579	NAJERA	L						
					0.00			0.00
					0.00			0.00
					0.00			0.00
					0.00			0.00
					0.00			0.00
					0.00			0.00
					0.00			0.00
					0.00			0.00
					0.00			0.00
					0.00			0.00

LABOR HOURS con't

Emp#	Employee Name	Init	Pay1	Hours	Total	Pay2	Hours	Total
					0.00			0.00
					0.00			0.00
					0.00			0.00
					0.00			0.00
					0.00			0.00
					0.00			0.00
					0.00			0.00
					0.00			0.00
					0.00			0.00
					0.00			0.00

HERCULES OFFSHORE CO.

INVOICE NO. _____

MARINE REPAIR ORDER No. 4684

MARINE OPERATIONS FACILITY

CUSTOMER P.O. _____

DATE

ORDER WRITTEN: 5-16-95	ETA:
ARRIVAL: 5-16-95	
COMPLETION DATE:	
DEPARTURE DATE:	

M/V ☐ BARGE ☒

NAME: DC-360

LOA: | WIDTH:

FOREMAN: Claudio Duarte

LAST PRODUCT: Methanol to acetone

GAS FREEING YES ☐ NO ☐ CERTIFICATE REQUIRED YES ☐ NO ☐

HAUL OUT FOR INSPECTION AND REPAIR YES ☐ NO ☐

ON WAYS DATE: _____

ON WAYS DATE: _____

CUSTOMER

NAME: Dixie	
BILLING ADDRESS:	
CITY AND STATE:	
PHONE NUMBER:	
WORK AUTHORIZED BY: M. Green	O/T AUTHORIZED BY:

STOCK MATERIAL ☐ YES ☐ NO

IF YES, COMPLETE STOCK MATERIAL TRANSFER TICKET

OUTSIDE SERVICES IF YES, LIST ☐ YES ☐ NO

ITEM NUMBERS

1 Strip + Blow dry

2

3

4

5

6

7

8

9

10

THIS SHALL SERVE AS YOUR AUTHORIZATION TO PROCEED WITH THE ABOVE.

Signed: _____ Date: _____

HER 02450

HERCULES
OFFSHORE CORPORATION
Strength through experience, equipment, know-how
P.O. Drawer O
Freeport, Texas 77541
Office: (409) 233-6371
Fax: (409) 233-6375

FINAL CHECK LIST

DATE: 5/16/95

BARGE: DC-360

BLND NUMBER CHECKED 3 REPLACED GASKET YES ___ NO ✓

GATE VALVE NUMBER CHECKED 5 REPLACED GASKET YES ___ NO ✓

PLUGS NUMBER CHECKED 1 REPLACED PLUG YES ___ NO ✓

* CHECK VALVE NUMBER CHECKED 1 REPLACED GASKET YES ✓ NO ___

DEEPWELL BLIND NUMBER CHECKED 1 REPLACED GASKET YES ✓ NO ___

BELOW DECK CARGO PIPELINE BLIND NUMBER 1 REPLACED GASKET YES ___ NO ✓

BELOW DECK CARGO PIPELINE BLIND REMOVED YES ___ NO ✓

DRIP PANS VALVES: CLOSED BY De La Rosa

DRIP PANS COVER: CLOSED BY Casas

COMTAINMENT AREA PLUG OR VALVES: CLOSED BY Casas

AIR TEST CARGO LINE - 40psi - USING SOAP

SIGNATURE OF TESTER: Claudio Duarte

WITNESS: L. L. Rivera

* CHECK VALVE GASKET WILL BE REPLACED
* AIR TEST IS LAST THING TO BE DONE BEFORE RELEASING BARGE.

JOB NO. 4684 ETA

BARGE NO. DC-360 DATE/TIME ARRIVAL 5/16/95

CUSTOMER DIXIE CARRIERS DATE/TIME STARTED 5-16

PRODUCT METHANOL DATE/TIME COMPLETED 5/16

DISPOSAL AMOUNT 300 gals. AMOUNT STRIPPED 300 gals.

CLEANING INSTRUCTION BY: M Glenn BY:

COMPLETION SCHEDULE BY:

OVERTIME AUTHORIZED BY:

BARGE INSPECTED BY: DATE/TIME:

BARGE RELEASED TO: Richard at Dixie Carriers DATE/TIME:

DEEPWELL OPENED: YES ✓ NO ___ CLOSED BY Lobo NEW GASKET yes YES ✓ NO ___

BELOW DECK CARGO PIPELINE: BLIND OPEN YES ___ NO ✓ CLOSED BY ___ NEW GASKET ___ YES ___ NO ___

DECK CHECK VALVE OPENED: YES ✓ NO ___ CLOSED BY Casas NEW GASKET ✓ YES ___ NO

DECK HEADER BLINDS OPEN: YES ✓ NO ___ CLOSED BY Casas NEW GASKET ___ YES ✓ NO

DECK HEADER DRAIN PLUG OPEN: YES ✓ NO ___ CLOSED BY Casas

VAPOR RECOVERY HEADER OPENED: YES ✓ NO ___ CLOSED BY Casas NEW GASKET ___ YES ✓ NO

RUST SCALE: YES ___ NO ✓ WASHED OUT ___ BUCKETED OUT ___

NUMBER OF CARGO TANKS: 3

[illegible] OF CARGO VALVES Good

[illegible] TANK STRIPPED: YES ___ NO N/A PIPE PRESSURE TEST DATE:

DRIP PANS STRIPPED: YES ✓ NO ___

WEATHER: TEMP 90° RAIN ___ FOG ___ HUMIDITY ___ OVERCAST ✓ CLOUDY ✓ CLEAR ___

PIPELINE WASHED: ___ PIPELINE BLOWN ✓ PIPELINE SUMPS INSPECTED ___

BOW RAKE CHECKED: YES ✓ NO ___ STERN RAKE: YES ✓ NO ___

VOIDS: YES ✓ NO ___ SAFETY EQUIPMENT USED: ___

****

WORK SCOPE

HER 02452

HERCULES OFFSHORE CO.

INVOICE NO. _____

MARINE REPAIR ORDER No. 4684

MARINE OPERATIONS FACILITY

CUSTOMER P.O. _____

DATE

ORDER WRITTEN: 5-16-95

ETA:

ARRIVAL: 5-16-95

COMPLETION DATE:

DEPARTURE DATE:

M/V ☐ BARGE ☒

NAME: DC-360

LOA:

WIDTH:

FOREMAN: Claudio Duarte

LAST PRODUCT: Methanol to acetone

GAS FREEING YES ☐ NO ☐ CERTIFICATE REQUIRED YES ☐ NO ☐

HAUL OUT FOR INSPECTION AND REPAIR YES ☐ NO ☐

ON WAYS DATE: _____

ON WAYS DATE: _____

CUSTOMER

NAME: Dixie

BILLING ADDRESS:

CITY AND STATE:

PHONE NUMBER:

WORK AUTHORIZED BY: M. Green

O/T AUTHORIZED BY:

STOCK MATERIAL ☐ YES ☐ NO

IF YES, COMPLETE STOCK MATERIAL TRANSFER TICKET

OUTSIDE SERVICES IF YES, LIST ☐ YES ☐ NO

ITEM NUMBERS

1 Strip + Blow dry

2 Three pair of Respirator filters, Three Coveralls, + Three pair Rubber Gloves

3

4

5

6

7

8

9

10

THIS SHALL SERVE AS YOUR AUTHORIZATION TO PROCEED WITH THE ABOVE.

Signed: Claudio Duarte Date: 5-16-95

HER 02453