

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2018</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>
A This return/report is for: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☐ a multiemployer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☒ a single-employer plan </div> <div> ☐ a DFE (specify) ____ </div> </div>	
B This return/report is: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☐ the first return/report </div> <div> ☐ the final return/report </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☐ an amended return/report </div> <div> ☐ a short plan year return/report (less than 12 months) </div> </div>	
C If the plan is a collectively-bargained plan, check here. ▶ ☐	
D Check box if filing under: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> ☒ Form 5558 </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div> <div style="margin-top: 5px;"> ☐ special extension (enter description) </div>	

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>WELLSITE SERVICES, INC. 401(K) PLAN</u>		1b Three-digit plan number (PN) ▶	<u>002</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>WELLSITE SERVICES, INC.</u> <u>3801 CARSON AVE</u> <u>EVANS, CO 80620</u>		1c Effective date of plan <u>07/21/2013</u>	
2b Employer Identification Number (EIN) <u>46-2375864</u>		2c Plan Sponsor's telephone number <u>970-515-6445</u>	
2d Business code (see instructions) <u>211120</u>			

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2019	LINDA KAMMERZELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2019	LINDA KAMMERZELL
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 132
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 116 6a(2) 124 6b 3 6c 18 6d 145 6e 0 6f 145 6g 49 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **A** (Insurance Information)
- (4)** ☐ **C** (Service Provider Information)
- (5)** ☐ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan WELLSITE SERVICES, INC. 401(K) PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 WELLSITE SERVICES, INC.	D Employer Identification Number (EIN) 46-2375864	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	62	6853
(2) Participant contributions	1b(2)	269	9680
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	711340	687878
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	711671	704411

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	711671	704411
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Part II Income and Expense Statement

- 2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	79013	
(B) Participants	2a(1)(B)	118779	
(C) Others (including rollovers)	2a(1)(C)	364	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		198156
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-42231
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		155925

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	161985	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		161985
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	1200	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1200
j Total expenses. Add all expense amounts in column (b) and enter total	2j		163185

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-7260
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **ANDERSON & WHITNEY**

(2) EIN: **84-1016028**

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a	X		21603
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		50000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. (See instructions.)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan <u>WELLSITE SERVICES, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WELLSITE SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>46-2375864</u>

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>46-3337913</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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Schedule R (Form 5500) 2018
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Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****14c**

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year

b The corresponding number for the second preceding plan year

15a**15b**

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers

16a**16b**

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: _____ % Investment-Grade Debt: _____ % High-Yield Debt: _____ % Real Estate: _____ % Other: _____ %

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

WELLSITE SERVICES, INC. 401(K) PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

Year Ended December 31, 2018



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Independent Auditors' and Accountants' Report

To the Plan Administrator
Wellsite Services, Inc. 401(k) Plan
Evans, Colorado

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Wellsite Services, Inc. 401(k) Plan (the Plan), which comprise the statement of net assets available for plan benefits as of December 31, 2018, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2018, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting our audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for our audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's (DOL) *Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974*, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Capital Bank and Trust Company as the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the custodian holds the Plan's investment assets and executes transactions related to these assets. The Plan Administrator has obtained certifications from the trustee's agent as of and for the year ended December 31, 2018, that the information provided to the Plan Administrator by the trustee's agent is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matters

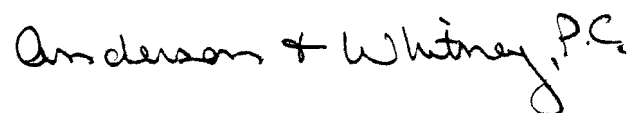
The supplemental schedules listed in the table of contents are required by the DOL's *Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974* and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

Management is responsible for the accompanying financial statement of Wellsite Services, Inc. 401(k) Plan, which comprise the statement of net assets available for plan benefits as of December 31, 2017 in accordance with accounting principles generally accepted in the United States of America. We have performed our compilation engagement in accordance with *Statements on Standards for Accounting and Review Services* promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statement, nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion nor provide any form of assurance on this financial statement.

Management has elected to omit substantially all the disclosures ordinarily included in the December 31, 2017 financial statement prepared in accordance with accounting principles generally accepted in the United States of America. If the omitted disclosures were included in the financial statement, they might influence the user's conclusions about the plan's assets, liabilities, equity, revenue and expenses. Accordingly, the financial statement is not designed for those who are not informed about such matters.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the 2018 financial statements and supplemental schedules, other than that derived from the information certified by the trustee's agent, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's *Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974*.



October 3, 2019

WELLSITE SERVICES, INC. 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

December 31	2018	2017 (compiled)
<u>ASSETS</u>		
Investments, at Fair Value	\$ 687,878	\$ 711,340
Receivables:		
Employer's contribution	6,853	62
Participants' contributions	9,680	269
Total Assets	704,411	711,671
<u>LIABILITIES</u>		
Total Liabilities	-	-
NET ASSETS AVAILABLE FOR PLAN BENEFITS	\$ 704,411	\$ 711,671

See Accompanying Accountants' Report and Notes to Financial Statements.

WELLSITE SERVICES, INC. 401(K) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

Year Ended December 31	2018
Additions to Net Assets Attributed to:	
Investment income:	
Net appreciation (depreciation) in fair value of investments	\$ (72,205)
Dividends	29,974
Net Investment Income	(42,231)
Contributions:	
Participants	118,779
Employer	79,013
Participant rollovers	364
Total Contributions	198,156
Total Additions	155,925
Deductions from Net Assets Attributed to:	
Benefits paid to participants	161,985
Administrative expenses	1,200
Total Deductions	163,185
Net Increase (Decrease)	(7,260)
NET ASSETS AVAILABLE FOR PLAN BENEFITS, Beginning of Year	711,671
NET ASSETS AVAILABLE FOR PLAN BENEFITS, End of Year	\$ 704,411

See Accompanying Notes to Financial Statements.

WELLSITE SERVICES, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - Description of Plan:

The following description of Wellsite Services, Inc. 401(k) Plan (the Plan) provides only general information. For a more complete description of the Plan's provisions, participants should refer to the Plan document and *Summary Plan Description*, which are available from the Plan Administrator.

General:

The Plan is a defined contribution plan sponsored by Wellsite Services, Inc. (the Organization) covering all employees of both Wellsite Services, Inc. and Naill Services, Inc. who are age eighteen or older and have completed three months of service, during which they have completed 250 hours of service. Otherwise, employees will be eligible after one year of service. Employees become eligible on the first day of the month coinciding with or next following the date they satisfy the eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). Farmer & Betts, Inc. serves as the Plan's record keeper. Capital Bank and Trust Company serves as Plan custodian. Kenny Naill, Jake Pierce, and Ryan Thompson serve as Plan trustee.

The Plan began July 21, 2013 and was amended effective January 1, 2016. The Plan qualifies as a safe harbor 401(k) plan, which is a plan design where Wellsite Services, Inc. commits to making certain contributions which enables Wellsite Services, Inc. to simplify the administration of the Plan by ensuring that nondiscrimination regulations are met.

Contributions:

Contributions to the Plan include (i) salary reduction contributions authorized by participants, (ii) rollovers from other qualified retirement plans, and (iii) safe harbor and discretionary matching contributions made by Wellsite Services, Inc.

Participants may elect to defer up to 100% of their compensation, not to exceed the dollar limit set by law, and have that amount contributed to the Plan on a pre-tax basis. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Employees may also roll over amounts representing distributions from other qualified retirement plans.

The Plan's safe harbor provisions commit Wellsite Service, Inc. to make a matching contribution equal to 100% of a participant's compensation deferral that does not exceed 3% of the participant's compensation plus 50% of salary deferrals between 3% and 5% of participant's compensation. In addition, Wellsite Services, Inc. may annually determine whether to make a discretionary matching contribution equal to a uniform percentage of each tier of the compensation deferrals; as well as discretionary profit-sharing contributions that will be allocated amount all eligible participants for the Plan Year.

WELLSITE SERVICES, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - Description of Plan - Continued:

Participant Accounts:

Each participant's account is credited with the participant's contribution, the Organization's contribution and Plan earnings, and is charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Participant Investment Account Options:

Investment account options available include various funds. Each participant has the option of directing his contributions into any of the separate investment accounts and may change the allocation daily. The Plan accounts of participants not electing to direct the investment of their Plan accounts will be invested with the default investment alternatives established under the Plan.

Vesting:

Participants are immediately vested in their voluntary contributions and the safe harbor matching contributions from Wellsite Services, Inc. plus actual earnings thereon.

Vesting in Wellsite Services, Inc.'s discretionary matching contribution and discretionary profit-sharing portion of their accounts plus actual earnings thereon is based on years of continuous service and is determined as follows:

Years of Service	Vested Percentage
1	20%
2	40%
3	60%
4	80%
5 or more	100%

Under the Plan, a year of service is earned by working at least 1,000 hours during a plan year. A participant is fully vested after five years of continuous service. Participants are 100% vested if they are employed on or after their normal retirement age or if they die or become disabled.

The nonvested balance is forfeited upon termination of service. Forfeitures are used to pay plan expenses or reduce Organization contributions.

Forfeited Accounts:

At December 31, 2018, forfeited nonvested accounts totaled \$0.

WELLSITE SERVICES, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - Description of Plan - Continued:

Payment of Benefits:

Upon severance from employment with the employer, disability, or death an employee or their beneficiary may elect to receive either a lump-sum amount equal to the vested value of his or her account, or a joint and survivor annuity. In-service distributions are also available to participants who have reached age 59½. Hardship distributions of vested amounts may be made in the event of hardship, defined as an immediate and heavy financial need where the participant lacks other available resources.

NOTE 2 - Summary of Significant Accounting Policies:

Basis of Accounting:

The accompanying financial statements are prepared on the accrual basis of accounting.

Valuation of Investments and Income Recognition:

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Use of Estimates:

The preparation of financial statements in conformity with the accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes in net assets available for benefits and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Administrative Expenses:

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Investment related expenses are included in the net appreciation of the fair value of investments.

WELLSITE SERVICES, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 2 - Summary of Significant Accounting Policies - Continued:

Transfers Between Fair Value Hierarchy Levels:

Transfers in and out of Level 1 (quoted market prices), Level 2 (other significant observable inputs) and Level 3 (significant unobservable inputs) are recognized on the period beginning date.

Subsequent Events:

Subsequent events have been evaluated through the date of the Independent Auditors' Report, which is the date the financial statements were available to be issued.

NOTE 3 – Certification of the Trustee's Agent:

The Organization has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's *Rules and Regulations for Reporting and Disclosure under ERISA*. Accordingly, Capital Bank and Trust Company, as agent for the trustee of the Plan, has certified the following information included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments as shown in the statements of net assets available for plan benefits and related disclosures as of December 31, 2018.
- Investment income as shown in the statements of changes in net assets available for plan benefits and related disclosures for the year ended December 31, 2018.
- Investment information included in the accompanying schedule of assets (held at year-end) as of December 31, 2018.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

WELLSITE SERVICES, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 4 – Disclosures About Fair Value of Plan Assets and Liabilities:

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs.

There is a hierarchy of three levels of inputs that may be used to measure fair value:

Level 1: Quoted market prices in active markets for identical assets or liabilities.

Level 2: Observable market-based inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3: Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

Recurring Measurements:

The following table presents the fair value of measurements of assets and liabilities recognized in the accompany statements of net assets available for plan benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2018.

Description	Total	Fair Value Measurements at Reporting Date			
		(Level 1)	(Level 2)	(Level 3)	
<u>December 31, 2018</u>					
Mutual funds	\$ 687,878	\$ 687,878	\$ --	\$ --	
Total assets in the fair value hierarchy	687,878	687,878	--	--	
Investments measured at net asset value	--	--	--	--	
	\$ 687,878	\$ 687,878	\$ --	\$ --	

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for plan benefits, as well as the general classification of such asset pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the year ended December 31, 2018. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis.

WELLSITE SERVICES, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 4 – Disclosures About Fair Value of Plan Assets and Liabilities – Continued:

Mutual Funds:

Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

NOTE 5– Party-in-Interest Transactions:

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association, or relatives of such persons.

The Plan invests in certain funds managed by Capital Bank and Trust Company who is the custodian as defined by the Plan and, therefore, those transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment management and administrative services were approximately \$1,200 for the year ended December 31, 2018.

The Plan is charged fees and expenses through expense ratios charged by the issuers of the Plan's various investment options. The investment expense ratios vary by fund and are reflected in the value of the investments held by the Plan. The investment expense ratios include, as applicable, management expenses, administration expenses, 12b-1 fees, record keeping and distribution fees, sub-transfer agency fees, and shareholder servicing fees. A portion of these fees is paid by the various funds to Capital Bank and Trust Company and the fees earned by Capital Bank and Trust Company vary by fund.

The Company provides certain administrative services at no cost to the Plan and pays directly any other fees related to the Plan's operations.

NOTE 6 – Risks and Uncertainties:

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the participants' account balances and the amounts reported in the statements of net assets available for plan benefits.

WELLSITE SERVICES, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 7 – Tax Status:

Effective January 1, 2016, the plan adopted a volume submitter money defined contribution plan sponsored by Capital Bank and Trust Company. The volume submitter plan has received an opinion letter from the Internal Revenue Service as to the prototype plan's qualified status. The volume submitter plan opinion letter has been relied upon by this Plan. The Plan Administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 8 – Plan Termination:

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

NOTE 9 – Prohibited Transactions:

During 2018, the Plan sponsor inadvertently failed to deposit approximately \$21,603 of participant contributions within the required timeframe as stated by the United States Department of Labor regulations. The plan sponsor intends to deposit lost earnings to correct this failure in 2019 under the Voluntary Fiduciary Correction Program.

SUPPLEMENTARY INFORMATION

WELLSITE SERVICES, INC. 401(K) PLAN**Schedule H, Line 4i - Schedule of Assets Held for
Investment Purposes at End of Year****Plan Number 001
Employer ID Number 84-0622660**

December 31, 2018	Cost	Fair Value
Mutual Funds:		
American Funds Washington Mutual R2	**	\$ 2,611
American Funds AMCAP R2	**	22,674
American Funds American Mutual R2	**	16,422
American Funds Growth Fund of America R2	**	1,363
American Funds Income Fund of America R2	**	3,485
American Funds New Perspective R2	**	2,448
American Funds Fundamental Investors R2	**	548
American Funds American Balanced R2	**	23,529
American Funds Capital Income Builder R2	**	264
American Funds New Economy R2	**	23,862
American Funds EuroPacific Growth Fund R2	**	419
American Funds American High-Income Trust R2	**	1,990
American Funds World Bond Fund R2	**	11,960
American Funds World Growth and Income R2	**	541
American Funds SMALLCAP World Fund R2	**	5,550
American Funds New World Fund R2	**	4,172
American Funds Short-Term Bond Fund R2	**	147
American Funds 2015 Target Date Retirement Fund R2	**	600
American Funds 2025 Target Date Retirement Fund R2	**	65,979
American Funds 2030 Target Date Retirement Fund R2	**	86,363
American Funds 2035 Target Date Retirement Fund R2	**	178,671
American Funds 2040 Target Date Retirement Fund R2	**	86,187
American Funds 2045 Target Date Retirement Fund R2	**	24,023
American Funds 2050 Target Date Retirement Fund R2	**	27,606
American Funds 2055 Target Date Retirement Fund R2	**	70,648
American Funds 2060 Target Date Retirement Fund R2	**	25,816
Total Mutual Funds		687,878
Total Assets Held for Investment Purposes		\$ 687,878

*Represents party-in-interest as defined by ERISA

**Not required as investments are participant-directed

WELLSITE SERVICES, INC. 401(K) PLAN

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

Plan Number 001

Employer ID Number 84-0622660

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-5
Check here if Late Participant Loan Repayments are included:	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	

Various dates in 2018

\$ 21,603.00

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em; font-weight: bold;">2018</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information		
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)	
	☒ a single-employer plan; ☐ a DFE (specify) _____	
B This return/report is:	☐ the first return/report; ☐ the final return/report;	
	☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here	☐	
D Check box if filing under:	☒ Form 5558; ☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)	

Part II Basic Plan Information — enter all requested information		
1a Name of plan Wellsite Services, Inc. 401(k) Plan		1b Three-digit plan number (PN) ▶ 002
		1c Effective date of plan 07/21/2013
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (If foreign, see instructions) Wellsite Services, Inc. 3801 Carson Ave US Evans CO 80620		2b Employer Identification Number (EIN) 46-2375864 2c Plan Sponsor's telephone number (970) 515-6445 2d Business code (see instructions) 211120

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		10-9-19	Linda Kammerzell
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10-9-19	Linda Kammerzell
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 20px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN and the plan name and the plan number from the last return/report: a Sponsor's name c Plan name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 132
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 116
a(2) Total number of active participants at the end of the plan year	6a(2) 124
b Retired or separated participants receiving benefits	6b 3
c Other retired or separated participants entitled to future benefits	6c 18
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 145
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e 0
f Total. Add lines 6d and 6e	6f 145
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 49
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☐ A (Insurance Information) (4) ☐ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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Part III**Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) . . ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

WELLSITE SERVICES, INC. 401(K) PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

Year Ended December 31, 2018



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Independent Auditors' and Accountants' Report

To the Plan Administrator
Wellsite Services, Inc. 401(k) Plan
Evans, Colorado

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Wellsite Services, Inc. 401(k) Plan (the Plan), which comprise the statement of net assets available for plan benefits as of December 31, 2018, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2018, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting our audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for our audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's (DOL) *Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974*, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Capital Bank and Trust Company as the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the custodian holds the Plan's investment assets and executes transactions related to these assets. The Plan Administrator has obtained certifications from the trustee's agent as of and for the year ended December 31, 2018, that the information provided to the Plan Administrator by the trustee's agent is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matters

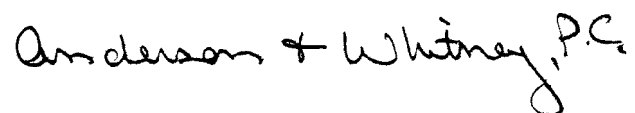
The supplemental schedules listed in the table of contents are required by the DOL's *Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974* and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

Management is responsible for the accompanying financial statement of Wellsite Services, Inc. 401(k) Plan, which comprise the statement of net assets available for plan benefits as of December 31, 2017 in accordance with accounting principles generally accepted in the United States of America. We have performed our compilation engagement in accordance with *Statements on Standards for Accounting and Review Services* promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statement, nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion nor provide any form of assurance on this financial statement.

Management has elected to omit substantially all the disclosures ordinarily included in the December 31, 2017 financial statement prepared in accordance with accounting principles generally accepted in the United States of America. If the omitted disclosures were included in the financial statement, they might influence the user's conclusions about the plan's assets, liabilities, equity, revenue and expenses. Accordingly, the financial statement is not designed for those who are not informed about such matters.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the 2018 financial statements and supplemental schedules, other than that derived from the information certified by the trustee's agent, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's *Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974*.



October 3, 2019

WELLSITE SERVICES, INC. 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

December 31	2018	2017 (compiled)
<u>ASSETS</u>		
Investments, at Fair Value	\$ 687,878	\$ 711,340
Receivables:		
Employer's contribution	6,853	62
Participants' contributions	9,680	269
Total Assets	704,411	711,671
<u>LIABILITIES</u>		
Total Liabilities	-	-
NET ASSETS AVAILABLE FOR PLAN BENEFITS	\$ 704,411	\$ 711,671

See Accompanying Accountants' Report and Notes to Financial Statements.

WELLSITE SERVICES, INC. 401(K) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

Year Ended December 31	2018
Additions to Net Assets Attributed to:	
Investment income:	
Net appreciation (depreciation) in fair value of investments	\$ (72,205)
Dividends	29,974
Net Investment Income	(42,231)
Contributions:	
Participants	118,779
Employer	79,013
Participant rollovers	364
Total Contributions	198,156
Total Additions	155,925
Deductions from Net Assets Attributed to:	
Benefits paid to participants	161,985
Administrative expenses	1,200
Total Deductions	163,185
Net Increase (Decrease)	(7,260)
NET ASSETS AVAILABLE FOR PLAN BENEFITS, Beginning of Year	711,671
NET ASSETS AVAILABLE FOR PLAN BENEFITS, End of Year	\$ 704,411

See Accompanying Notes to Financial Statements.

WELLSITE SERVICES, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - Description of Plan:

The following description of Wellsite Services, Inc. 401(k) Plan (the Plan) provides only general information. For a more complete description of the Plan's provisions, participants should refer to the Plan document and *Summary Plan Description*, which are available from the Plan Administrator.

General:

The Plan is a defined contribution plan sponsored by Wellsite Services, Inc. (the Organization) covering all employees of both Wellsite Services, Inc. and Naill Services, Inc. who are age eighteen or older and have completed three months of service, during which they have completed 250 hours of service. Otherwise, employees will be eligible after one year of service. Employees become eligible on the first day of the month coinciding with or next following the date they satisfy the eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). Farmer & Betts, Inc. serves as the Plan's record keeper. Capital Bank and Trust Company serves as Plan custodian. Kenny Naill, Jake Pierce, and Ryan Thompson serve as Plan trustee.

The Plan began July 21, 2013 and was amended effective January 1, 2016. The Plan qualifies as a safe harbor 401(k) plan, which is a plan design where Wellsite Services, Inc. commits to making certain contributions which enables Wellsite Services, Inc. to simplify the administration of the Plan by ensuring that nondiscrimination regulations are met.

Contributions:

Contributions to the Plan include (i) salary reduction contributions authorized by participants, (ii) rollovers from other qualified retirement plans, and (iii) safe harbor and discretionary matching contributions made by Wellsite Services, Inc.

Participants may elect to defer up to 100% of their compensation, not to exceed the dollar limit set by law, and have that amount contributed to the Plan on a pre-tax basis. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Employees may also roll over amounts representing distributions from other qualified retirement plans.

The Plan's safe harbor provisions commit Wellsite Service, Inc. to make a matching contribution equal to 100% of a participant's compensation deferral that does not exceed 3% of the participant's compensation plus 50% of salary deferrals between 3% and 5% of participant's compensation. In addition, Wellsite Services, Inc. may annually determine whether to make a discretionary matching contribution equal to a uniform percentage of each tier of the compensation deferrals; as well as discretionary profit-sharing contributions that will be allocated amount all eligible participants for the Plan Year.

WELLSITE SERVICES, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - Description of Plan - Continued:

Participant Accounts:

Each participant's account is credited with the participant's contribution, the Organization's contribution and Plan earnings, and is charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Participant Investment Account Options:

Investment account options available include various funds. Each participant has the option of directing his contributions into any of the separate investment accounts and may change the allocation daily. The Plan accounts of participants not electing to direct the investment of their Plan accounts will be invested with the default investment alternatives established under the Plan.

Vesting:

Participants are immediately vested in their voluntary contributions and the safe harbor matching contributions from Wellsite Services, Inc. plus actual earnings thereon.

Vesting in Wellsite Services, Inc.'s discretionary matching contribution and discretionary profit-sharing portion of their accounts plus actual earnings thereon is based on years of continuous service and is determined as follows:

Years of Service	Vested Percentage
1	20%
2	40%
3	60%
4	80%
5 or more	100%

Under the Plan, a year of service is earned by working at least 1,000 hours during a plan year. A participant is fully vested after five years of continuous service. Participants are 100% vested if they are employed on or after their normal retirement age or if they die or become disabled.

The nonvested balance is forfeited upon termination of service. Forfeitures are used to pay plan expenses or reduce Organization contributions.

Forfeited Accounts:

At December 31, 2018, forfeited nonvested accounts totaled \$0.

WELLSITE SERVICES, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - Description of Plan - Continued:

Payment of Benefits:

Upon severance from employment with the employer, disability, or death an employee or their beneficiary may elect to receive either a lump-sum amount equal to the vested value of his or her account, or a joint and survivor annuity. In-service distributions are also available to participants who have reached age 59½. Hardship distributions of vested amounts may be made in the event of hardship, defined as an immediate and heavy financial need where the participant lacks other available resources.

NOTE 2 - Summary of Significant Accounting Policies:

Basis of Accounting:

The accompanying financial statements are prepared on the accrual basis of accounting.

Valuation of Investments and Income Recognition:

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Use of Estimates:

The preparation of financial statements in conformity with the accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes in net assets available for benefits and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Administrative Expenses:

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Investment related expenses are included in the net appreciation of the fair value of investments.

WELLSITE SERVICES, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 2 - Summary of Significant Accounting Policies - Continued:

Transfers Between Fair Value Hierarchy Levels:

Transfers in and out of Level 1 (quoted market prices), Level 2 (other significant observable inputs) and Level 3 (significant unobservable inputs) are recognized on the period beginning date.

Subsequent Events:

Subsequent events have been evaluated through the date of the Independent Auditors' Report, which is the date the financial statements were available to be issued.

NOTE 3 – Certification of the Trustee's Agent:

The Organization has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's *Rules and Regulations for Reporting and Disclosure under ERISA*. Accordingly, Capital Bank and Trust Company, as agent for the trustee of the Plan, has certified the following information included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments as shown in the statements of net assets available for plan benefits and related disclosures as of December 31, 2018.
- Investment income as shown in the statements of changes in net assets available for plan benefits and related disclosures for the year ended December 31, 2018.
- Investment information included in the accompanying schedule of assets (held at year-end) as of December 31, 2018.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

WELLSITE SERVICES, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 4 – Disclosures About Fair Value of Plan Assets and Liabilities:

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs.

There is a hierarchy of three levels of inputs that may be used to measure fair value:

Level 1: Quoted market prices in active markets for identical assets or liabilities.

Level 2: Observable market-based inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3: Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

Recurring Measurements:

The following table presents the fair value of measurements of assets and liabilities recognized in the accompany statements of net assets available for plan benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2018.

Description	Total	Fair Value Measurements at Reporting Date		
		(Level 1)	(Level 2)	(Level 3)
<u>December 31, 2018</u>				
Mutual funds	\$ 687,878	\$ 687,878	\$ --	\$ --
Total assets in the fair value hierarchy	687,878	687,878	--	--
Investments measured at net asset value	--	--	--	--
	\$ 687,878	\$ 687,878	\$ --	\$ --

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for plan benefits, as well as the general classification of such asset pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the year ended December 31, 2018. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis.

WELLSITE SERVICES, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 4 – Disclosures About Fair Value of Plan Assets and Liabilities – Continued:

Mutual Funds:

Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

NOTE 5– Party-in-Interest Transactions:

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association, or relatives of such persons.

The Plan invests in certain funds managed by Capital Bank and Trust Company who is the custodian as defined by the Plan and, therefore, those transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment management and administrative services were approximately \$1,200 for the year ended December 31, 2018.

The Plan is charged fees and expenses through expense ratios charged by the issuers of the Plan's various investment options. The investment expense ratios vary by fund and are reflected in the value of the investments held by the Plan. The investment expense ratios include, as applicable, management expenses, administration expenses, 12b-1 fees, record keeping and distribution fees, sub-transfer agency fees, and shareholder servicing fees. A portion of these fees is paid by the various funds to Capital Bank and Trust Company and the fees earned by Capital Bank and Trust Company vary by fund.

The Company provides certain administrative services at no cost to the Plan and pays directly any other fees related to the Plan's operations.

NOTE 6 – Risks and Uncertainties:

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the participants' account balances and the amounts reported in the statements of net assets available for plan benefits.

WELLSITE SERVICES, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 7 – Tax Status:

Effective January 1, 2016, the plan adopted a volume submitter money defined contribution plan sponsored by Capital Bank and Trust Company. The volume submitter plan has received an opinion letter from the Internal Revenue Service as to the prototype plan's qualified status. The volume submitter plan opinion letter has been relied upon by this Plan. The Plan Administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 8 – Plan Termination:

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

NOTE 9 – Prohibited Transactions:

During 2018, the Plan sponsor inadvertently failed to deposit approximately \$21,603 of participant contributions within the required timeframe as stated by the United States Department of Labor regulations. The plan sponsor intends to deposit lost earnings to correct this failure in 2019 under the Voluntary Fiduciary Correction Program.

SUPPLEMENTARY INFORMATION

WELLSITE SERVICES, INC. 401(K) PLAN**Schedule H, Line 4i - Schedule of Assets Held for
Investment Purposes at End of Year****Plan Number 001
Employer ID Number 84-0622660**

December 31, 2018	Cost	Fair Value
Mutual Funds:		
American Funds Washington Mutual R2	**	\$ 2,611
American Funds AMCAP R2	**	22,674
American Funds American Mutual R2	**	16,422
American Funds Growth Fund of America R2	**	1,363
American Funds Income Fund of America R2	**	3,485
American Funds New Perspective R2	**	2,448
American Funds Fundamental Investors R2	**	548
American Funds American Balanced R2	**	23,529
American Funds Capital Income Builder R2	**	264
American Funds New Economy R2	**	23,862
American Funds EuroPacific Growth Fund R2	**	419
American Funds American High-Income Trust R2	**	1,990
American Funds World Bond Fund R2	**	11,960
American Funds World Growth and Income R2	**	541
American Funds SMALLCAP World Fund R2	**	5,550
American Funds New World Fund R2	**	4,172
American Funds Short-Term Bond Fund R2	**	147
American Funds 2015 Target Date Retirement Fund R2	**	600
American Funds 2025 Target Date Retirement Fund R2	**	65,979
American Funds 2030 Target Date Retirement Fund R2	**	86,363
American Funds 2035 Target Date Retirement Fund R2	**	178,671
American Funds 2040 Target Date Retirement Fund R2	**	86,187
American Funds 2045 Target Date Retirement Fund R2	**	24,023
American Funds 2050 Target Date Retirement Fund R2	**	27,606
American Funds 2055 Target Date Retirement Fund R2	**	70,648
American Funds 2060 Target Date Retirement Fund R2	**	25,816
Total Mutual Funds		687,878
Total Assets Held for Investment Purposes		\$ 687,878

*Represents party-in-interest as defined by ERISA

**Not required as investments are participant-directed

WELLSITE SERVICES, INC. 401(K) PLAN

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

Plan Number 001

Employer ID Number 84-0622660

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-5
Check here if Late Participant Loan Repayments are included:	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	

Various dates in 2018

\$ 21,603.00

Schedule H, Line 4

Schedule of Delinquent Participant Contributions

For the Plan Year Beginning 01/01/2018 and Ending 12/31/2018

Name of Plan: Wellsite Services, Inc. 401(k) Plan

Employer Identification Number: **46-2375864** Three-digit plan number: **002**

[illegible]