

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ 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)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan AZTEC WELL SERVICING CO., INC. 401K PROFIT SHARING PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 03/01/1975
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) AZTEC WELL SERVICING COMPANY, INC. 300 LEGION RD. AZTEC, NM 87410-0100
2b	Employer Identification Number (EIN) 85-0165643
2c	Plan Sponsor's telephone number 505-334-6194
2d	Business code (see instructions) 213110

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.	09/17/2024	JASON SANDEL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/17/2024	JASON SANDEL
	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
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	5 523
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(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) 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) 243 6a(2) 175 6b 0 6c 273 6d 448 6e 0 6f 448 6g(1) 378 6g(2) 360 6h 4
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 2H 2J 2K 2T 3D 3H

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
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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
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 1
- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan	B Three-digit plan number (PN)	001
AZTEC WELL SERVICING CO., INC. 401K PROFIT SHARING PLAN		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
AZTEC WELL SERVICING COMPANY, INC. 85-0165643		

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier					
JOHN HANCOCK USA					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838		90	05/10/2023	12/31/2023

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	16233

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
PENSION PLANNING CONSULTANTS 6201 UPTOWN BLVD NE SUITE 100 ALBUQUERQUE, NM 87110	

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	16233	THIRD PARTY ADMINISTRATOR	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	2133
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	6351851

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year.....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b**

0

c Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits

7c(2)

0

(3) Interest credited during the year

7c(3)

(4) Transferred from separate account.....

7c(4)

(5) Other (specify below)

7c(5)

2133

▶

(6) Total additions

7c(6)

2133

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

2133

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

(2) Administration charge made by carrier

7e(2)

(3) Transferred to separate account.....

7e(3)

(4) Other (specify below)

7e(4)

▶

(5) Total deductions

7e(5)**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

2133

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan AZTEC WELL SERVICING CO., INC. 401K PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 AZTEC WELL SERVICING COMPANY, INC.	D Employer Identification Number (EIN) 85-0165643

Part I

Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....

Yes

x

No
- b

If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b)

Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b)

Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

EMPOWER ANNUITY INSURANCE CO. OF AM

8515 EAST ORCHARD RD
GREENWOOD VILLAGE, CO 80111

84-0467907

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

MORGAN STANLEY SMITH BARNEY

4801 N BUTLER
FARMINGTON, NM 87401

26-4310844

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
55	BROKER/ADVISOR	0	Yes ☒ No ☐	Yes ☐ No ☒	13992	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

JOHN HANCOCK LIFE INSURANCE COMPANY

PO BOX 600
BUFFALO, NY 14201-0600

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 28 60 62 63 67 68	RECORDKEEPER	300	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

PENSION PLANNING CONSULTANTS, INC.

6201 UPTOWN BLVD NE
SUITE 100
ALBUQUERQUE, NM 87110

85-0402842

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 13 38	THIRD PARTY ADMINISTRATO	32429	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan AZTEC WELL SERVICING CO., INC. 401K PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 AZTEC WELL SERVICING COMPANY, INC.	D Employer Identification Number (EIN) 85-0165643	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS LIFETIME 2060 FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10812	
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS LIFETIME 2055 FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 430611	
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS LIFETIME 2050 FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 375022	
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS LIFETIME 2045 FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1201787	
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS LIFETIME 2040 FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1087655	
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS LIFETIME 2035 FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 792414	
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS LIFETIME 2030 FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 791210	

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS LIFETIME 2025 FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1246425
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS LIFETIME INCOME FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 404602
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER AGGRESSIVE LS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1498
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO MAIN STREET MID CAP		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1496
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MID CAP GROWTH FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1512
a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM SMALL CAP GROWTH FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1
a Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6076
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK HIGH YIELD BOND FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 731
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan AZTEC WELL SERVICING CO., INC. 401K PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 AZTEC WELL SERVICING COMPANY, INC.	D Employer Identification Number (EIN) 85-0165643	

Part I	Asset and Liability Statement
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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	0	2133
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	10987
(2) Participant contributions	1b(2)	7298	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	255296	229227
(2) U.S. Government securities	1c(2)	494877	494543
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	257922	267943
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	2324506	2532209
(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)	5823050	6460923
(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)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		0
(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	9162949	9997965
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	299	82255
i Acquisition indebtedness	1i		
j Other liabilities	1j	24443	367
k Total liabilities (add all amounts in lines 1g through 1j)	1k	24742	82622
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	9138207	9915343

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)	145805	
(B) Participants	2a(1)(B)	268893	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		414698
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	23	
(B) U.S. Government securities	2b(1)(B)	8056	
(C) Corporate debt instruments	2b(1)(C)	6871	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	12003	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		26953
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	47755	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	3626	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		51381
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1063822	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	957688	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		106134
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	378156	
(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)		
c Other income	2c		743221
d Total income. Add all income amounts in column (b) and enter total	2d		1720543

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	764558	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other	2e(3)	82255	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		846813
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)	22754	
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	41411	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	32429	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		96594
j Total expenses. Add all expense amounts in column (b) and enter total	2j		943407

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		777136
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) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☐ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☒ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **CHANDLER & COMPANY, LLP**

(2) EIN: **85-0336896**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
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.)	☒	☐	146390
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.)	☐	☒	
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.)	☐	☒	
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.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
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?	☐	☒	
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?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
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.)	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☒	
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.	☐	☐	

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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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 2023 This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan AZTEC WELL SERVICING CO., INC. 401K PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 AZTEC WELL SERVICING COMPANY, INC.		D Employer Identification Number (EIN) 85-0165643
Part I	Distributions	
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 0
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): 85-0165643 26-1589907		
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.)	
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	
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		
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.	
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2023 v. 230707		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for: a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	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
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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) and (b): a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____% b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation: _____	

Part VII	IRS Compliance Questions
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21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No 21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2). ☐ Design-based safe harbor method ☐ "Prior year" ADP test ☒ "Current year" ADP test ☐ N/A	
22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter <u>06 / 30 / 2020</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q703992A</u> .	

**AZTEC WELL SERVICING CO., INC.
401(K) PROFIT SHARING PLAN**

AUDITED FINANCIAL STATEMENTS

DECEMBER 31, 2023 AND 2022

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Independent Auditors' Report

Plan Administrator
Aztec Well Servicing Co., Inc.
401(k) Profit Sharing Plan

Opinion

We have audited the accompanying financial statements of Aztec Well Servicing Co., Inc. 401(k) Profit Sharing Plan (the plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Aztec Well Servicing Co., Inc. 401(k) Profit Sharing Plan as of December 31, 2023 and 2022, and the changes in its net assets available for benefits then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Aztec Well Servicing Co., Inc. 401(k) Profit Sharing Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Aztec Well Servicing Co., Inc. 401(k) Profit Sharing Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining

sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Aztec Well Servicing Co., Inc. 401(k) Profit Sharing Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Aztec Well Servicing Co., Inc. 401(k) Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets (Held at End of Year) and Schedule of Delinquent Participant Contributions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare

the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Chandler & Company LLP

Farmington, New Mexico
September 4, 2024

AZTEC WELL SERVICING CO., INC.
401(K) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
ASSETS		
Cash	\$ 2,133	\$ -
Investments, at fair value		
Participant directed		
John Hancock sub-accounts	6,354,085	-
Mutual funds	-	5,732,794
Nonparticipant directed		
Interest bearing cash	228,860	257,267
Common stock	2,532,209	2,324,506
U.S. Treasury securities	492,376	492,793
Corporate bonds	264,995	255,788
Mutual funds	106,839	87,986
Total investments, at fair value	<u>9,979,364</u>	<u>9,151,134</u>
Receivables		
Employer contributions	10,987	-
Employee contributions	-	7,298
Other amounts	<u>5,114</u>	<u>4,219</u>
Total receivables	<u>16,101</u>	<u>11,517</u>
Total assets	<u>9,997,598</u>	<u>9,162,651</u>
LIABILITIES		
Return of employees' contributions	<u>82,255</u>	<u>24,444</u>
Total liabilities	<u>82,255</u>	<u>24,444</u>
Net assets available for benefits	<u><u>\$ 9,915,343</u></u>	<u><u>\$ 9,138,207</u></u>

See accompanying notes to financial statements.

AZTEC WELL SERVICING CO., INC.
401(K) PROFIT SHARING PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years ended December 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
ADDITIONS TO NET ASSETS		
Investment income		
Net appreciation (depreciation) in fair value of investments	\$ 1,227,511	\$ (1,992,764)
Dividends	60,499	367,219
Interest	17,835	15,259
Total investment income (loss)	<u>1,305,845</u>	<u>(1,610,286)</u>
Contributions		
Employer	145,805	-
Employee	186,638	149,158
Other	-	19
Total contributions	<u>332,443</u>	<u>149,177</u>
Total additions (deductions)	<u>1,638,288</u>	<u>(1,461,109)</u>
Benefits paid to participants	764,558	1,221,250
Administrative expenses	96,594	94,074
Total deductions	<u>861,152</u>	<u>1,315,324</u>
INCREASE (DECREASE) IN NET ASSETS	777,136	(2,776,433)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>9,138,207</u>	<u>11,914,640</u>
End of year	<u>\$ 9,915,343</u>	<u>\$ 9,138,207</u>

See accompanying notes to financial statements.

AZTEC WELL SERVICING CO., INC.
401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2023 and 2022

NOTE A. DESCRIPTION OF PLAN

The following description of the Aztec Well Servicing Co., Inc. 401(k) Profit Sharing Plan (the plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the plan's provisions.

1) General

The plan is a 401(k) salary deferral and profit sharing plan which provides benefits to substantially all employees of Aztec Well Servicing Co., Inc., and its wholly owned subsidiaries, Triple S Trucking Company, Totah Rental and Equipment Company, and Roadrunner Fuels, Inc. (collectively the company). The plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA).

In January 2022, the plan sponsor decided to discontinue the business of Double M Mud Company, a subsidiary of Aztec Well Servicing Company, Inc. As of December 31, 2021, only one of Double M Mud Company's five employees was a participant of the plan. All five of these employees were transferred and were still employed by the plan sponsor or one of its subsidiaries.

The plan is administered by Pension Planning Consultants, Inc. The plan assets were held at both Morgan Stanley and Empower Retirement until May 2023 when the plan sponsor elected to move custody of the 401k participant directed investments from Empower Retirement to John Hancock Retirement Plan Services, LLC. In connection with this move, the investments held at Empower Retirement were "mapped" by the plan trustee to investments considered similar at John Hancock Retirement Plan Services, LLC.

Employees of the company are generally eligible to participate in the plan upon reaching age 18 and completing one year of continuous service in which at least 1,000 hours are worked. Participants must complete at least 1,000 hours of service during the plan year to be eligible for any employer paid contributions for such year.

2) Contributions

Participants are permitted to make contributions up to 100 percent of pretax annual compensation, subject to limitations imposed by the Internal Revenue Code. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various funds offered by the plan. Under the plan, the company also makes a matching contribution; however, as of June 20, 2016, plan management elected to discontinue this matching contribution. In January 2023, plan management re-instated the plan matching contributions. Additional profit sharing amounts may be contributed at the option of the Board of Directors. Company contributions are invested in a portfolio of investments as directed by the company and are made during or shortly after the year to which they apply.

AZTEC WELL SERVICING CO., INC.
401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2023 and 2022

NOTE A. DESCRIPTION OF PLAN (CONTINUED)

3) *Participant accounts*

Each participant account is credited with the participant's contributions and allocations of (a) the company's contribution, (b) plan earnings, and (c) forfeitures of terminated participants' non-vested accounts. Allocations are based upon account balances or participant earnings, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

4) *Vesting*

Participants are immediately vested in their deferral contributions plus actual earnings thereon. Participants are vested in the employer contribution portion of their accounts based on years of continuous service. A participant is 100% vested after six years of credited service.

As of December 31, 2023 and 2022, participants with vested balances of \$1,936,210 and \$1,346,518, respectively, had terminated but not been paid out of the plan.

5) *Payment of benefits*

Upon retirement, disability, death, or termination of service, a participant may receive a lump-sum amount equal to the value of the vested interest in his or her account. Other withdrawals from a participant's account balance may be made under certain circumstances, as defined in the plan document.

6) *Forfeited accounts*

Forfeitures are the non-vested portion of a participant's account that are lost upon termination of employment. Forfeitures are retained in the plan and can be used to reduce future employer contributions, pay administrative expenses, or be allocated to participant accounts in proportion to the participants' earnings. At December 31, 2023 and 2022, forfeited non-vested accounts totaled \$1,210 and \$3,027.

7) *Investment options*

Upon enrollment in the plan, the participant may direct the administrator to invest the assets of the participant's self-directed account balance among any of the funds maintained by the Trustee for the plan, as listed in the Retirement Plan guidebook provided by John Hancock Retirement Plan Services, LLC. After initial enrollment, participants are able to change the allocation of their account balances among the funds by phone or on the internet.

Assets of the company-directed account balance are invested under the direction of independent investment advisors employed by the plan trustees.

AZTEC WELL SERVICING CO., INC.
401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2023 and 2022

NOTE A. DESCRIPTION OF PLAN (CONTINUED)

8) Plan modification or termination

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 percent vested in their accounts.

NOTE B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1) Basis of accounting

The financial statements of the plan are prepared on the accrual method of accounting in accordance with principles generally accepted in the United States of America. The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain amounts and disclosures. The estimate of fair value of investments is an example of such an estimate. It is at least reasonably possible that the estimate of fair value of investments will change in the near term.

Certain amounts in the 2022 financial statements have been reclassified to conform to the 2023 presentation.

2) Investment valuation

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. See Note F 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.

3) Payment of benefits

Benefits are recorded when paid.

4) Subsequent events

The plan has evaluated subsequent events through September 4, 2024, which is the date the financial statements were available to be issued. No subsequent events requiring disclosure were noted.

NOTE C. INCOME TAX STATUS

The Internal Revenue Service has determined and informed the company by a letter dated June 30, 2020, that the plan was designed in accordance with applicable sections of the Internal Revenue Code (IRC). The plan has been amended since receiving the determination letter. However, the plan's administrator believes that the plan is designed and is currently being operated in compliance with the applicable requirements

AZTEC WELL SERVICING CO., INC.
401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2023 and 2022

NOTE C. INCOME TAX STATUS (CONTINUED)

of the IRC and therefore believes that the plan is qualified and the related trust is tax-exempt.

Plan management has evaluated all tax positions for which the statute of limitations remains open. The plan must recognize a tax liability or tax asset if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan is subject to routine audits by taxing jurisdictions; however there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for the years prior to 2019 for which the statute of limitations has run.

NOTE D. INVESTMENTS

All investments that represent 5% or more of the plan's net assets available for benefits are participant directed. They consist of the following as of December 31:

	2023	2022
MFS 2025	\$ 1,246,425	\$ -
MFS 2045	1,202,502	-
MFS 2040	1,088,324	-
MFS 2035	793,042	-
MFS 2030	791,210	-
MFS Lifetime 2030 Fund	-	1,723,798
MFS Lifetime 2040 Fund	-	1,394,252
MFS Lifetime Retirement Income	-	641,831
Invesco Main St Mid Cap	-	555,787

NOTE E. CHANGES IN NET ASSETS BY INVESTMENT

Information about the net assets and the significant components of the changes in net assets relating to categories of investments consists of the following for the years ending December 31, 2023 and 2022.

December 31, 2023

	Beginning	Div. & int.	Net Additions (Removals)	Increase (Decrease) in value	Fees & expenses	Ending
Participant directed						
Mutual funds	\$ 5,732,794	12,002	(5,958,140)	213,344	-	\$ -
Pooled separate accounts	\$ -	-	5,846,826	530,014	(22,755)	\$ 6,354,085
Non-participant directed						
Interest bearing cash	\$ 257,267	3,646	(26,799)	(137)	(5,117)	\$ 228,860
Common stock	\$ 2,324,506	47,756	(246,074)	456,920	(50,899)	\$ 2,532,209
US Treasury sec.	\$ 492,793	8,056	1,852	-	(10,325)	\$ 492,376
Corporate bonds	\$ 255,788	6,871	(19,578)	27,370	(5,456)	\$ 264,995
Mutual funds	\$ 87,986	3	20,892	-	(2,042)	\$ 106,839

AZTEC WELL SERVICING CO., INC.
401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2023 and 2022

NOTE E. CHANGES IN NET ASSETS BY INVESTMENT (CONTINUED)

December 31, 2022

	Beginning	Div. & int.	Net Additions (Removals)	Increase (Decrease) in value	Fees & expenses	Ending
Participant directed						
Mutual funds	\$ 7,431,668	311,144	(708,983)	(1,300,535)	(500)	\$ 5,732,794
Non-participant directed						
Interest bearing cash	\$ 363,328	60	(98,792)	66	(7,395)	\$ 257,267
Common stock	\$ 3,214,898	53,170	(274,988)	(603,180)	(65,394)	\$ 2,324,506
US Treasury sec.	\$ 514,253	7,833	25,080	(42,474)	(11,899)	\$ 492,793
Corporate bonds	\$ 286,575	7,392	(3,817)	(27,953)	(6,409)	\$ 255,788
Mutual funds	\$ 121,683	2,879	(15,411)	(18,688)	(2,477)	\$ 87,986

NOTE F. FAIR VALUE MEASUREMENTS

FASB ASC 820 provides the framework for measuring fair values. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements). Level 2 measurements are described as quoted prices for similar assets or liabilities in active markets; or quoted prices for identical or similar assets or liabilities in inactive markets. Level 3 measurements are described as derived from unobservable inputs, or derived principally from or corroborated by observable market data by correlation or other means. Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2023 and 2022.

The pooled separate accounts (PSAs) are funds, also called sub-accounts, that are only available to the clients of John Hancock Life Insurance Company. The sub-accounts invest in mutual funds and their unit value is based on the market value of its underlying investments and is not a publicly-quoted price in an active market.

Interest bearing cash: valued at face value.

Common stock: valued at the closing price reported on the active market on which the individual securities are traded.

U.S. Treasury securities: valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate bonds: valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

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 SEC. These funds are required to publish their daily net

AZTEC WELL SERVICING CO., INC.
401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2023 and 2022

NOTE F. FAIR VALUE MEASUREMENTS (CONTINUED)

asset value (NAV) and to transact at that price. The mutual funds held by the plan are deemed to be actively traded.

Assets at Fair Value as of December 31, 2023					
	Level 1	Level 2	Level 3	Total	
Participant directed:					
Pooled separate accounts	\$ -	\$ 6,354,085	\$ -	\$	6,354,085
Non-participant dir.:					
Interest bearing cash	228,860	-	-		228,860
Common stocks	2,532,209	-	-		2,532,209
U.S. Treasury Sec.	-	492,376	-		492,376
Corporate bonds	-	264,995	-		264,995
Mutual funds	106,839	-	-		106,839
	<u>\$ 2,867,908</u>	<u>\$ 7,111,456</u>	<u>\$ -</u>	<u>\$</u>	<u>9,979,364</u>

Assets at Fair Value as of December 31, 2022					
	Level 1	Level 2	Level 3	Total	
Participant directed:					
Mutual funds	\$ 5,732,794	\$ -	\$ -	\$	5,732,794
Non-participant dir.:					
Interest bearing cash	257,267	-	-		257,267
Common stocks	2,324,506	-	-		2,324,506
U.S. Treasury Sec.	-	492,793	-		492,793
Corporate bonds	-	255,788	-		255,788
Mutual funds	87,986	-	-		87,986
	<u>\$ 8,402,553</u>	<u>\$ 748,581</u>	<u>\$ -</u>	<u>\$</u>	<u>9,151,134</u>

NOTE G. PLAN EXPENSES

Plan expenses consisted of the following for the years ending December 31, 2023 and 2022.

	2023	2022
Investment advisors and custodians	\$ 64,165	\$ 44,541
Administrative fees	32,429	31,651
Audit fees	-	17,882
	<u>\$ 96,594</u>	<u>\$ 94,074</u>

Total plan expenses paid by the plan sponsor amounted to \$19,496 and \$0 during 2023 and 2022.

AZTEC WELL SERVICING CO., INC.
401(K) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2023 and 2022

NOTE H. RISKS AND UNCERTAINTIES

For the years ending December 31, 2023 and 2022, the plan held \$3,625,279 and \$3,418,340 in investment securities and \$0 in cash funds at Morgan Stanley Investor Services. For the years ending December 31, 2023 and 2022, the plan held \$6,354,085 in pooled separate accounts at John Hancock Retirement Plan Services, LLC and \$5,732,794 in mutual funds at Empower Retirement. These investment securities and cash deposits comprise over 99% of plan assets at December 31, 2023 and are not covered by federal insurance or collateralized. Plan management and the plan trustees periodically evaluate the financial soundness of the investments and believe such assets do not pose a financial risk to the plan.

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 participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE I. RELATED PARTY TRANSACTIONS

During 2023, the participant directed accounts were shares of pooled separate accounts managed by John Hancock Life Insurance Company, the plan custodian. Transactions with John Hancock Life Insurance Company qualify as part-in-interest transactions. Fees paid by the plan to the related party and their ages and affiliates totaled \$22,755 and \$0 for the years ending December 31, 2023 and 2022.

NOTE J. DELINQUENT PARTICIPANT CONTRIBUTIONS

For the years ending December 31, 2023 and 2022, the plan sponsor did not remit certain participant contributions to the plan on a timely basis as defined by the Department of Labor's Rules and Regulations for Reporting and Delinquent Participant Contributions Disclosure under ERISA. The untimely remittances identified on Schedule H, Line 4(a) – Schedule of Delinquent Participant Contributions were corrected outside the Department of Labor Voluntary Fiduciary Correction Program. The total corrected in 2024 for the year 2023 was \$75,520 and the total corrected in 2023 for the year 2022 was \$70,870.

Schedule H, Line 4

Schedule of Delinquent Participant Contributions

For the Plan Year Beginning 01/01/2023 and Ending 12/31/2023

Name of Plan: AZTEC WELL SERVICING CO., INC. 401K PROFIT SHARING PLAN

Employer Identification Number: 85-0165643 Three-digit plan number: 001

[illegible]

AZTEC WELL SERVICING CO., INC.
401(K) PROFIT SHARING PLAN
Schedule H, Line 4i- Schedule of Assets (Held at End of Year)
As of December 31, 2023
EIN: 85-0165643 Plan number: 001

* in (a) indicates party-in-interest

** in (d) Indicates information not required as investment is participant directed

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date and rate of interest	(d) Cost	(e) Current value
	MORGAN STANLEY	INTEREST BEARING CASH	\$ 228,860	\$ 228,860
	ADIDAS AG	COMMON STOCK	\$ 8,162	\$ 6,292
	ADOBE INC	COMMON STOCK	17,932	29,461
	ADVANCED AUTO PARTS	COMMON STOCK	3,520	1,343
	ADVANCED MICRO DEVICES	COMMON STOCK	8,604	17,100
	AIA GROUP LTD SPON ADR	COMMON STOCK	5,320	7,042
	ALBANY INTL A NEW	COMMON STOCK	6,390	11,885
	ALIBABA GROUP HLDG LTD	COMMON STOCK	2,085	2,092
	ALLSTATE CORP	COMMON STOCK	2,906	6,591
	ALLY FINANCIAL INC	COMMON STOCK	4,973	8,695
	ALPHABET INC CL C	COMMON STOCK	24,023	64,828
	ALTICE USA INC CL A	COMMON STOCK	9,619	1,986
	AMAZON COM INC	COMMON STOCK	37,346	58,193
	AMERICA MOVIL SA DE CV	COMMON STOCK	6,043	8,019
	AMPHENOL CORP NEW CL A	COMMON STOCK	13,625	27,856
	ANGLO AMERN PLC SPONSORED ADR	COMMON STOCK	3,929	3,190
	ANHUI CONCH CEMENT ADR	COMMON STOCK	7,572	3,073
	AON PLC CL A	COMMON STOCK	6,670	6,527
	APPLE INC	COMMON STOCK	3,262	40,239
	ARCH CAPITAL GROUP LTD	COMMON STOCK	2,780	7,873
	ARMSTRONG WORLD INDS INC NEW	COMMON STOCK	11,942	15,141
	ASE TECHNOLOGY HLDG CO LTD ADR	COMMON STOCK	8,058	9,937
	ASHTAD GROUP PLC ADR	COMMON STOCK	3,759	4,274
	ASM INTERNATIONAL NV	COMMON STOCK	4,814	6,068
	ASML HOLDING NV NY	COMMON STOCK	8,217	15,855
	ASMPT LIMITED UNSPONSORED ADR	COMMON STOCK	3,836	3,521
	ASTRAZENECA PLC ADR	COMMON STOCK	13,806	14,076
	AUTOLIV INC	COMMON STOCK	2,744	4,514
	AZENTA INC	COMMON STOCK	6,942	18,174
	BADGER METER INC	COMMON STOCK	1,609	11,115
	BAE SYS PLC SPON ADR	COMMON STOCK	6,575	8,947
	BANCO DO BRASIL SA SPON ADR	COMMON STOCK	4,984	8,393
	BANK IRELAND GRP PLC UNSPD ADR	COMMON STOCK	5,677	6,672
	BANK OF HAWAII CORP	COMMON STOCK	12,094	15,506
	BB SEGURIDADE PARTICIPACOES	COMMON STOCK	5,532	7,488
	BIDVEST GROUP LTD SPONS ADR	COMMON STOCK	2,318	3,890
	BIO RAD LAB A	COMMON STOCK	13,882	12,218
	BOOKING HOLDINGS INC	COMMON STOCK	13,433	15,814
	BP PLC ADS	COMMON STOCK	3,907	3,489
	BUILDERS FIRSTSOURCE INC	COMMON STOCK	1,733	4,751
	BUNZL PLC NEW	COMMON STOCK	2,052	6,873
	CAPGEMINI S E UNSPONSORED ADR	COMMON STOCK	4,725	5,505
	CATALENT INC	COMMON STOCK	2,368	2,426
	CDW CORPORATION	COMMON STOCK	3,171	21,009
	CENCORA INC	COMMON STOCK	2,713	7,965
	CENTENE CORP	COMMON STOCK	7,215	8,831
	CENTERPOINT ENERGY INC	COMMON STOCK	6,103	7,000
	CHEESE CAKE FACTORY INC	COMMON STOCK	10,100	13,549
	CHESAPEAKE ENERGY CORP	COMMON STOCK	5,038	5,540
	CHINA CONSTRUCTION BANK CORP	COMMON STOCK	11,050	8,790
	CHINA MERCHANT BK CO LTD UNSP	COMMON STOCK	6,665	4,842
	CHINA SHENHUA ENERGY LTD	COMMON STOCK	1,598	2,782
	CLARVATE PLC	COMMON STOCK	7,413	8,667
	CNH INDL N V SHS	COMMON STOCK	3,647	3,133
	COCA-COLA EUROPACIFIC PARTNERS	COMMON STOCK	7,340	7,624

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	COLGATE PALMOLIVE CO	COMMON STOCK	11,105	11,478
	COMMERCIAL INTL BNK LTD	COMMON STOCK	3,953	3,109
	COMPASS GROUP PLC SPD ADR	COMMON STOCK	5,354	6,511
	CONSTRUCTION PARTNERS INC C-A	COMMON STOCK	8,826	18,975
	COPART INC	COMMON STOCK	4,604	9,065
	CRH PLC ADR	COMMON STOCK	1,689	4,168
	DANAHER CORPORATION	COMMON STOCK	17,824	19,653
	DEUTSCHE BOERSE AG UNSPON ADR	COMMON STOCK	5,280	8,859
	DEUTSCHE TELECOM AG ADR	COMMON STOCK	7,947	8,577
	DIAMONDBACK ENERGY INC	COMMON STOCK	3,218	3,567
	DISH NETWORK CORP CLASS A	COMMON STOCK	9,993	1,996
	DOLLAR GEN CORP NEW COM	COMMON STOCK	2,134	2,817
	DOLLAR TREE INC	COMMON STOCK	3,534	5,196
	DOMINION ENERGY INC	COMMON STOCK	13,913	13,207
	DSV AS ADR	COMMON STOCK	3,816	4,090
	EATON CORP PLC SHS	COMMON STOCK	8,385	11,585
	EBARA CORP ADR	COMMON STOCK	6,100	7,875
	EDWARD LIFESCIENCES CORP	COMMON STOCK	4,353	10,828
	ELECTRONIC ARTS INC	COMMON STOCK	7,134	10,017
	ELI LILLY & CO	COMMON STOCK	7,685	31,725
	ENGIE BRASIL ENERGIA SAADR	COMMON STOCK	3,186	3,649
	EQT CORPORATION COM NEW	COMMON STOCK	1,355	3,286
	EVERGY INC COM	COMMON STOCK	9,070	8,561
	EVERTEC INC	COMMON STOCK	16,959	17,850
	EXELON CORP	COMMON STOCK	6,480	6,103
	EXPERIAN GP LTD ADR	COMMON STOCK	9,402	12,654
	FACTSET RESEARCH SYSTEMS INC	COMMON STOCK	11,204	11,628
	FEDEX CORP	COMMON STOCK	3,020	5,082
	FIDELITY NATIONAL FINANCIAL IN	COMMON STOCK	4,366	10,051
	FIDELITY NATL INFORMATION SE	COMMON STOCK	2,838	3,321
	FIRST CITIZ BANKSHARES A	COMMON STOCK	1,301	7,460
	FIRST FINANCIAL BANKSHARES	COMMON STOCK	4,514	9,848
	FLEETCOR TECHNOLOGIES	COMMON STOCK	5,254	7,665
	FLEXTRONICS INTL LTD	COMMON STOCK	2,730	4,843
	FOX CORP CL A	COMMON STOCK	4,129	4,243
	FUJITSU LTD ADR NEW	COMMON STOCK	9,558	9,538
	FULLER H B & COMPANY	COMMON STOCK	15,047	16,933
	GALP ENERGIA SA LISBOA ADR	COMMON STOCK	6,061	8,576
	GAMING & LEISURE PPTYS INC COM	COMMON STOCK	2,867	4,195
	GETTY REALTY CORP	COMMON STOCK	12,719	10,782
	GLENCORE PLC ADR	COMMON STOCK	3,905	4,189
	GLOBAL PAYMENT INC	COMMON STOCK	6,599	7,089
	GRACO INC	COMMON STOCK	1,492	8,155
	GRAPHIC PACKAGING HOLDING CO	COMMON STOCK	5,538	7,494
	GREEK ORGANISATION OF FOOTBALL	COMMON STOCK	2,360	3,090
	GRUPO FINANCIERO BANORTE SAB	COMMON STOCK	3,295	6,214
	HEINEKEN NV SPN ADR	COMMON STOCK	7,161	9,039
	HENGAN INTL GROUP CO	COMMON STOCK	10,148	5,022
	HEWLETT PACKARD ENTERPRISE	COMMON STOCK	4,668	4,636
	HF SINCLAIR CORPORATION	COMMON STOCK	1,313	4,004
	HILLMAN SOLUTIONS CORP	COMMON STOCK	17,262	16,891
	HILTON WORLDWIDE HLDGS INC	COMMON STOCK	3,610	5,132
	HIMAX TECHNOLOGIES, INC.	COMMON STOCK	6,333	3,053
	HITACHI 10 COM NEW ADR	COMMON STOCK	6,593	9,184
	HOULIHAN LOKEY INC CL A	COMMON STOCK	7,491	23,023
	HSBC HOLDINGS PLC SPON ADR NEW	COMMON STOCK	6,268	6,486
	HUNTINGTON INGALLS INDUSTRIES	COMMON STOCK	6,897	10,821

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	IAC INC NEW	COMMON STOCK	11,951	7,176
	ICON PLC	COMMON STOCK	6,291	8,584
	ILL TOOL WORKS INC	COMMON STOCK	5,176	9,673
	IMCD GROUP N V ADR	COMMON STOCK	6,573	8,048
	INFOSYS LIMITED ADR	COMMON STOCK	2,165	5,349
	ING GROEP NV ADR	COMMON STOCK	6,110	7,119
	INTERCONTINENTAL EXCHANGE INC	COMMON STOCK	17,391	22,218
	INTUIT INC	COMMON STOCK	17,563	23,639
	INTUITIVE SURGICAL INC	COMMON STOCK	11,534	17,563
	JACK HENRY & ASSOC INC	COMMON STOCK	2,505	7,408
	JAZZ PHARMACEUTICALS PLC	COMMON STOCK	4,367	3,986
	JBG SMITH PPTYS	COMMON STOCK	10,017	5,545
	JD COM INC SPON ADR CL A	COMMON STOCK	3,167	3,322
	JOHN BEAN TECHNOLOGIES CORP	COMMON STOCK	8,068	8,268
	JULIUS BAER GROUP LTD	COMMON STOCK	5,716	6,610
	KASIKORNBANK PUB CO LTD	COMMON STOCK	3,826	3,512
	KB FINANCIAL GRP INC	COMMON STOCK	6,132	7,447
	KBC GROUP NV UNSPONS ADR	COMMON STOCK	4,956	5,838
	KDDI CORP UNSPON ADR	COMMON STOCK	7,994	8,225
	KERING S A ADR NEW	COMMON STOCK	5,466	3,715
	KERRY GRP PLC SPONS ADR	COMMON STOCK	9,129	7,638
	KIMBERLY CLARK SPON ADR	COMMON STOCK	6,242	6,101
	KINDER MORGAN INCORP	COMMON STOCK	8,581	8,591
	KOITO MANUFACTURING	COMMON STOCK	4,296	2,525
	KONINKLIJKE PHIL EL SP ADR NEW	COMMON STOCK	9,479	8,026
	KT CORP SPON ADR	COMMON STOCK	6,146	5,618
	LABORATORY CP AMER HLDGS NEW	COMMON STOCK	2,619	5,869
	LAKELAND FINCL	COMMON STOCK	12,355	10,947
	LANDSTAR SYSTEM INC	COMMON STOCK	5,432	17,092
	LASERTEC CORP ADR	COMMON STOCK	4,153	7,224
	LCI INDS	COMMON STOCK	4,385	4,587
	LENOVO GROUP LTD SPONS ADR	COMMON STOCK	10,047	13,705
	LESLIES INC	COMMON STOCK	27,129	12,922
	LIBERTY BROADBAND CORP S-C	COMMON STOCK	11,162	10,799
	LIBERTY GLOBAL PLC CL A	COMMON STOCK	13,318	11,284
	LIBERTY MEDIA C SER C	COMMON STOCK	7,536	9,785
	LIFE HEALTHCARE GRP	COMMON STOCK	4,591	3,050
	LKQ CORPORATION	COMMON STOCK	5,350	8,172
	LLOYDSBANKING GROUP PLC	COMMON STOCK	6,553	5,906
	LONDON STK EXCHANGE GROUP	COMMON STOCK	5,301	10,049
	LONZA GROUP AG ZUERICH ADR	COMMON STOCK	1,711	2,900
	LOUISIANA PACIFIC CORP	COMMON STOCK	4,480	4,746
	MANHATTAN ASSOC INC	COMMON STOCK	6,021	11,023
	MARKEL CORP	COMMON STOCK	9,694	12,779
	MASTERCARD INC CL A	COMMON STOCK	31,262	41,068
	MERCK KGAA SPD ADR	COMMON STOCK	7,852	7,195
	MICROCHIP TECHNOLOGY INC	COMMON STOCK	11,344	11,543
	MICROSOFT CORP	COMMON STOCK	32,051	69,191
	MOBILE TELESYSTEMS PUB JT ADR	COMMON STOCK	5,700	-
	MOL MAGYAR O LAI GDR	COMMON STOCK	3,573	4,092
	MOTOROLA SOLUTIONS INC	COMMON STOCK	12,128	21,891
	MTU AERO ENGINES AG	COMMON STOCK	2,915	2,713
	NATL BEVERAGE CORP	COMMON STOCK	6,747	13,872
	NATL FUEL GAS CO	COMMON STOCK	4,482	3,954
	NEDBANK GRP LTD SPON ADR	COMMON STOCK	3,784	5,404
	NESTLE SPON ADR REP REG SHR	COMMON STOCK	16,109	15,872
	NEWS CORPORATION CL A	COMMON STOCK	6,097	8,887

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	NISOURCE INC	COMMON STOCK	9,323	10,859
	NITTO DENKO CORPORATION ADR	COMMON STOCK	2,586	2,616
	NOBLE CORP NEW A	COMMON STOCK	1,126	1,164
	NOMURO RESH INST LTD ADR	COMMON STOCK	3,978	4,742
	NORDEA BANK ABP SPON ADR	COMMON STOCK	4,872	6,176
	NOVARTIS AG ADR	COMMON STOCK	4,121	8,982
	NVIDIA CORPORATION	COMMON STOCK	3,369	10,245
	OGE ENERGY CORPORATION	COMMON STOCK	7,632	8,593
	OLD REPUBLIC INTL CP	COMMON STOCK	4,086	5,086
	OLIN CORPORATION	COMMON STOCK	5,324	5,449
	O'REILLY AUTOMOTIVE INC NEW	COMMON STOCK	8,162	19,047
	ORGANON & CO	COMMON STOCK	4,303	2,177
	PEPSICO INC NC	COMMON STOCK	21,027	23,947
	PERNOD RICARD SA	COMMON STOCK	4,888	6,988
	PERRIGO CO LTD	COMMON STOCK	9,717	8,399
	PETROLEO BRASILEIRO SA	COMMON STOCK	4,689	6,787
	PING AN INSURANCE ADR	COMMON STOCK	8,983	4,681
	PJSC GAZPROM SPON ADR	COMMON STOCK	3,881	-
	PJSC LUKOIL SPONSORED ADR	COMMON STOCK	3,224	-
	POST HOLDINGS INC	COMMON STOCK	6,827	10,039
	PRIMERICA INC	COMMON STOCK	3,303	16,162
	PROGRESSIVE CORP OHIO	COMMON STOCK	14,508	25,803
	PRUDENTIAL PLC	COMMON STOCK	8,709	5,478
	PT ASTRA INTERNATIONAL	COMMON STOCK	6,418	4,609
	PT BK MANDIRI PERSERO	COMMON STOCK	3,591	8,110
	PT TELEKOMUNIKASI INDONESIA	COMMON STOCK	3,724	4,766
	PT UNITED TRACTORS ADR	COMMON STOCK	4,845	3,439
	QIAGEN NV	COMMON STOCK	7,394	6,732
	QUALCOMM INC	COMMON STOCK	11,774	18,368
	RBC BEARINGS INC	COMMON STOCK	4,219	19,123
	RELX PLC SPONSORED	COMMON STOCK	3,453	11,422
	RENASAS ELECTRONICS CORP ADR	COMMON STOCK	3,761	4,303
	RENTOKIL INITIAL PLC ADR	COMMON STOCK	6,741	6,723
	RLI CORP	COMMON STOCK	2,794	12,403
	ROCHE HOLDINGS	COMMON STOCK	5,651	11,920
	ROCKWELL AUTOMATION INIC	COMMON STOCK	2,798	5,968
	ROSS STORES INC	COMMON STOCK	10,034	23,803
	SAFRAN SA	COMMON STOCK	2,490	2,468
	SALESFORCE COM, INC.	COMMON STOCK	15,105	23,823
	SANDOZ GROUP AG ADR	COMMON STOCK	351	804
	SANLAM LTD	COMMON STOCK	4,494	5,319
	SAP AG	COMMON STOCK	3,185	7,619
	SBERBANK RUSSIA SPONSORED	COMMON STOCK	3,675	5,032
	SCHLUMBERGER LTD	COMMON STOCK	11,877	21,805
	SCHNEIDER ELEC SA UNSP ADR	COMMON STOCK	1,638	4,418
	SGS SA ADR	COMMON STOCK	4,065	6,033
	SHELL PLC ADR	COMMON STOCK	7,157	8,686
	SHIN ETSU CHEM CO LTD ADR	COMMON STOCK	5,893	7,660
	SHINHAN FINANCIAL GRP	COMMON STOCK	6,068	5,325
	SINOPHARM GROUP CO LTD ADR	COMMON STOCK	4,216	4,623
	SITEONE LANDSCAPE SUPPLY	COMMON STOCK	3,386	15,561
	SMC CORP JAPAN SPONSORED ADR	COMMON STOCK	7,469	7,470
	SMITH & NEPHEW PLC ADR	COMMON STOCK	6,295	4,719
	SMURFIT KAPPA GROUP PLC ADR	COMMON STOCK	6,271	7,332
	SOCIEDAD QUIMICA Y MINERA ADS	COMMON STOCK	4,709	3,655
	SONOVA HLDG AG UNSP ADR	COMMON STOCK	2,458	2,869
	SONY GROUP CORPORATION ADR	COMMON STOCK	13,821	13,067

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	STANDARD BANK GRP	COMMON STOCK	4,351	5,348
	SYMRISE AG UNSPONS ADR	COMMON STOCK	10,087	10,511
	TAIWAN SMCNDCTR MFG	COMMON STOCK	3,486	14,976
	TECHNIPPMC LTD	COMMON STOCK	1,619	2,377
	TECHNOPRO HOLDINGS INC ADR	COMMON STOCK	4,979	6,830
	TELEPERFORMANCE SA UNSP ADR	COMMON STOCK	9,973	6,345
	TENCENT HLDGS LTD UNSPON ADR	COMMON STOCK	2,085	2,110
	TERNIUM S.A. ADR	COMMON STOCK	3,985	3,652
	TERUMO CORP ADR UNSP	COMMON STOCK	4,763	5,246
	THE MOSAIC COMPANY	COMMON STOCK	5,270	3,359
	THE SCOTTS MIRACLE GROW CO	COMMON STOCK	10,316	9,881
	THERMO FISHER SCIENTIFIC	COMMON STOCK	15,427	25,649
	THOR INDUSTRIES	COMMON STOCK	7,911	15,254
	TINGYI CAYMAN ISLANDS IILDGS CO	COMMON STOCK	6,236	4,145
	TJX COS INC NEW	COMMON STOCK	13,355	19,419
	TORONTO DOM BK NEW	COMMON STOCK	4,019	3,932
	TOTALENERGIES SE SPONSORED ADS	COMMON STOCK	4,599	6,016
	TYSON FOODS INC	COMMON STOCK	5,859	5,751
	UBER TECHNOLOGIES INC	COMMON STOCK	9,249	13,299
	UNIFIRST CP	COMMON STOCK	14,136	13,718
	UNILEVER PLC	COMMON STOCK	11,871	14,108
	US FOODS HOLDING CORP	COMMON STOCK	3,283	3,664
	VALE SA	COMMON STOCK	5,007	5,884
	VERALTO CORP	COMMON STOCK	3,095	3,126
	VERISK ANALYTICS INC COM	COMMON STOCK	11,460	14,448
	VERTEX PHARMACEUTICALS	COMMON STOCK	5,846	5,907
	VIBRA ENERGIA SA ADR	COMMON STOCK	4,109	4,920
	VISA INC CL A	COMMON STOCK	20,881	25,807
	VISTRA CORP	COMMON STOCK	3,275	7,511
	VODACOM GROUP LIMITED	COMMON STOCK	7,001	4,208
	VONTIER CORPORATION	COMMON STOCK	5,740	7,048
	WALT DISNEY CO HLDG	COMMON STOCK	9,453	8,900
	WARNER BROS DISCOVERY INC SER	COMMON STOCK	3,670	3,903
	WATSCO INC	COMMON STOCK	9,657	29,878
	WD 40 COMPANY	COMMON STOCK	4,749	14,822
	WILLIAMS CO INC	COMMON STOCK	4,912	7,454
	WILLIS TOWERS WATSON PUB	COMMON STOCK	7,046	9,389
			\$ 1,841,601	\$ 2,532,209
	AT & T INC	CORPORATE BONDS, 1.650% 2/1/2028 PAR OF \$30,000	\$ 26,322	\$ 26,708
	BANK OF AMERICA CORP	CORPORATE BONDS, 1.734% 7/22/2027 PAR OF \$28,000	28,166	25,659
	CVS HEALTH CORP	CORPORATE BONDS, 4.3% 3/25/2028 PAR OF \$27,000	26,222	26,569
	GOLDMAN SACHS GROUP INC	CORPORATE BONDS, 4.482% 8/23/2028 PAR OF \$27,000	25,314	26,552
	JP MORGAN CHASE & CO	CORPORATE BONDS, 3.2% 6/15/2026 PAR OF \$27,000	28,354	26,093
	NORTHROP GRUMMAN CORP	CORPORATE BONDS, 3.25% 1/15/2028 PAR OF \$28,000	26,103	26,786
	TRUIST FINANCIAL CORP	CORPORATE BONDS, 1.125%, 8/3/2027 PAR OF \$30,000	30,028	26,357
	WALMART INC	CORPORATE BONDS, 1.5% 9/22/2028 PAR OF \$30,000	26,834	26,826
	WASTE MANAGEMENT INC	CORPORATE BONDS, 4.875%, 2/15/2029 PAR OF \$26,000	25,639	26,621

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	WELLS FARGO AND COMPANY	CORPORATE BONDS, 4.808% 7/25/2028 PAR OF \$27,000	26,217 \$ 269,199	26,824 \$ 264,995
	UNITED STATES TREASURY NOTE	US TREASURY NOTE, 0.625% 12/31/2027 PAR OF \$49,000	\$ 45,270	\$ 43,101
	UNITED STATES TREASURY NOTE	US TREASURY NOTE, 1.25% 5/31/2028 PAR OF \$30,000	26,146	26,813
	UNITED STATES TREASURY NOTE	US TREASURY NOTE, 1.375% 12/31/2028 PAR OF \$40,000	37,646	35,500
	UNITED STATES TREASURY NOTE	US TREASURY NOTE, 1.625% 5/15/2026 PAR OF \$28,000	28,496	26,433
	UNITED STATES TREASURY NOTE	US TREASURY NOTE, 1.625% 9/30/2026 PAR OF \$37,000	37,373	34,708
	UNITED STATES TREASURY NOTE	US TREASURY NOTE, 1.75% 12/31/2026 PAR OF \$46,000	44,153	43,116
	UNITED STATES TREASURY NOTE	US TREASURY NOTE, 1.875% 7/31/2026 PAR OF \$46,000	44,151	43,538
	UNITED STATES TREASURY NOTE	US TREASURY NOTE, 2.125% 5/15/2025 PAR OF \$45,000	46,073	43,576
	UNITED STATES TREASURY NOTE	US TREASURY NOTE, 2.25% 2/15/2027 PAR OF \$55,000	51,105	52,233
	UNITED STATES TREASURY NOTE	US TREASURY NOTE, 2.375% 3/31/2029 PAR OF \$49,000	44,370	45,514
	UNITED STATES TREASURY NOTE	US TREASURY NOTE, 3.125% 8/31/2027 PAR OF \$36,000	35,030	35,000
	UNITED STATES TREASURY NOTE	US TREASURY NOTE, 3.375% 5/15/2033 PAR OF \$37,000	35,130	35,534
	UNITED STATES TREASURY NOTE	US TREASURY NOTE, 4.5% 11/15/2033 PAR OF \$26,000	27,147 \$ 502,090	27,310 \$ 492,376
	PIA BBB BOND FD-COMPLETION	MUTUAL FUNDS	\$ 92,218	\$ 80,539
	PIA MBS BOND-COMPLETION SH	MUTUAL FUNDS	26,331 \$ 118,549	26,300 \$ 106,839
	BR HIGH YI	POOLED SEPARATE ACCOUNTS	\$ **	\$ 731
	IDX 500	POOLED SEPARATE ACCOUNTS	**	6,143
	LS-AGGRESS	POOLED SEPARATE ACCOUNTS	**	1,498
	MFS 2025	POOLED SEPARATE ACCOUNTS	**	1,246,425
	MFS 2030	POOLED SEPARATE ACCOUNTS	**	791,210
	MFS 2035	POOLED SEPARATE ACCOUNTS	**	793,042
	MFS 2040	POOLED SEPARATE ACCOUNTS	**	1,088,324
	MFS 2045	POOLED SEPARATE ACCOUNTS	**	1,202,502
	MFS 2050	POOLED SEPARATE ACCOUNTS	**	375,022
	MFS 2055	POOLED SEPARATE ACCOUNTS	**	430,611
	MFS 2060	POOLED SEPARATE ACCOUNTS	**	10,966
	MFS INC	POOLED SEPARATE ACCOUNTS	**	404,602
	MFS MCGF	POOLED SEPARATE ACCOUNTS	**	1,512
	OPP MSMCF	POOLED SEPARATE ACCOUNTS	**	1,496
	PUT SCG	POOLED SEPARATE ACCOUNTS	**	1
			\$ -	\$ 6,354,085

AZTEC WELL SERVICING CO., INC.
401(K) PROFIT SHARING PLAN
Schedule H, Line 4a - Schedule of Delinquent Participant Contributions
December 31, 2023
EIN: 85-0165643 Plan number: 001

Participant Contributions Transferred Late to the Plan	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002- 51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
146,390	-	146,390	-	-