COPELAND

Acid & Cement

POST OFFICE BOX 438 HAYSVILLE, KS 67060 (316) 524-1225 (316) 524-1027 FAX

Invoice

Page: 1

BURRTON, KS 💧 GREAT BEND, KS (620) 463-5161 FAX (620) 463-2104

(620) 793-3366 FAX (620) 793-3536

INVOICE NUMBER: C39374-IN

BILL TO:

CARMEN SCHMITT, INC. **BOX 47 GREAT BEND, KS 67530** LEASE: EHMKY 1

| DATE ORDER 11/29/2011 C39374 | | SALESMAN | ORDER DATE | PURCHASE | ORDER | SPECIAL | SPECIAL INSTRUCTIONS | |
|--|-----------------|--|-------------------------|--|-------|-------------------|---------------------------------------|--|
| | | 11/22/2011 | | | NET 3 | | IET 30 | |
| QUANTITY | U/M | ITEM NO./DI | ITEM NO./DESCRIPTION | | | PRICE | EXTENSION | |
| 80.00 | MI | CEMENT MILEAGE PUMP TRUCK | | | 0.00 | 4.00 | 320.00 | |
| 80.00 | мі | CEMENT MILEA | CEMENT MILEAGE PU TRUCK | | | 2.00 | 160.00 | |
| 1.00 | EA | CEMENT PUMP | CEMENT PUMP CHARGE | | | 650.00 | 650.00 | |
| 215.00 | SAX | 60-40 POZ MIX | 60-40 POZ MIX 2% GEL | | | 9.25 | 1,988.75 | |
| 5.00 | SAX | 2% ADDITIONAL | 2% ADDITIONAL GEL | | | 16.00 | 80.00 | |
| 150.00 | LB _. | COTTONSEED | COTTONSEED HULLS | | | 0.35 | 52.50 | |
| 220.00 | EA | BULK CHARGE | BULK CHARGE | | | 1.25 | 275:00 | |
| 776.80 | мі | BULK TRUCK - TON MILES | | | 0.00 | 1.10 | 854.48 | |
| | | | | | | | | |
| , 10 to 6 | | | | | | | ./t | |
| REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060 | | COP FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY. | | Net Invoice: LANCO Sales Tax: Invoice Total: | | 4,380.73 | | |
| | | | | | | 40.95 4,421.68 | | |
| RECEIVED BY | | NET 30 DAYS | | | | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | |

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days past due.



FIELD ORDER Nº C 39374

BOX 438 • HAYSVILLE, KANSAS 67060 316-524-1225

| | 316-524-1225 DATE_! / | 7/11 | 20 | |
|--|---|---|---|--|
| AUTHORIZED BY: | (NAME OF CUSTOMER) | _ | | |
| | City | State | | |
| | Well No Custo | | | |
| c. Twp. | | 1 | | |
| inge | County L r.vc | State | | |
| to be held liable for any da lied, and no representation tment is payable. There wi invoicing department in ac The undersigned represent S ORDER MUST BE SIGNED | | ice has made no repressaid well. The consider | sentation, expresse- ration of said servic | |
| ORE WORK IS COMMENCE | DBy Well Owner or Operator | Agent | Agent | |
| CODE QUANTITY | DESCRIPTION | UNIT | AMOUNT | |
| SY. | milicia ima trick | 11661 | <u> ۲</u> (۲) | |
| 100 | milica justio | 7. 1 | 1(C. 1 | |
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| 1 | Dump (rece (Police) | | (-50. | |
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| 715 | 60/40 bes 25% del | 9.57 | 1.798. | |
| 2 | 7 5/n notal. con | 11 | ۲. | |
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| 1203, | 11,115 | 72 | <u>></u> (. | |
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| 770 | Pulk Charge | (5) | (73. | |
| 2 () | Bulk Charge Bulk Truck Miles 7 71 T < SC ~ - 770 . S 1 ~ × 1. "" | 1107 | 5544 | |
| | Process License Fee onGallons | | | |
| | TOTAL BILLII | NG | 4,350. | |
| | rection, supervision and control of the owner, operator or his agent, who | rformed in a good | and workmanli | |
| Copeland Representa | live Cirthia Li. | | | |
| Station (. G | Well Owner | Operator or Agent | | |
| Remarks | NET 20 DAVE | | | |



TREATMENT REPORT

| Acid & | Cemer | nt 🕰 | | | | Acid Stage No | | | | | | | | | | | | | |
|--------------------------|--|--|--|---|--|-------------------------------------|--|--|--|---|---------|--|--|--|-------------------------|--------|--|--|--|
| | | | s P . O | No. (34374 | Type Treatment: Amt. BkdownBbl./Gal | Type Fluid Sand Size Pounds of Same | | | | | | | | | | | | | |
| Company. | ٥٠٠٠ ٢ | chnitt | .,, | | Bbi. /Gel | | | | | | | | | | | | | | |
| Well Name & No. Ehrn. Ly | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | l e e e e e e e e e e e e e e e e e e e | | | | | | | | | |
| | | | | | Actual Volume of Oll/Water to Lond Hole: | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | 37 | | | | |
| | | | | | | | | | | | | | | ft. toft. | Augillary Equipment 327 | TWIN | | | |
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| Per | TOTAL OG TTOM | | | *************************************** | | | | | | | | | | | | | | | |
| then Male Sir | | * 0 | n 21 | s. 10 <u>.,</u> | | | | | | | | | | | | | | | |
| THEN MOIE ALL | · | | | | | | | | | | | | | | | | | | |
| _ | | e Franc | | | Treater Nothan W | 7. | | | | | | | | | | | | | |
| TIME (a.m) p.m. | Tubing | Casing | Total Fluid Pumped | | REMARK | 8 | | | | | | | | | | | | | |
| 9:15 | _ | 51/2" | | On Loca | dias | | | | | | | | | | | | | | |
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| : | | | | Mix 19 | Tets. Gel | | | | | | | | | | | | | | |
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| : | | | ļ | Mix 25 | - sts | | | | | | | | | | | | | | |
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| <u> </u> | | | | MIX 13 | Osts Pressural | 40 40 300 | | | | | | | | | | | | | |
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