



Cement Surface

FIELD  
ORDER

Nº C 41719

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

DATE 1/8 20 13

IS AUTHORIZED BY:

BEAR Peteo

(NAME OF CUSTOMER)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

To Treat Well \_\_\_\_\_  
As Follows: Lease Mary McGlynn Well No. #3 Customer Order No. \_\_\_\_\_

Sec. Twp. \_\_\_\_\_  
Range \_\_\_\_\_ County RICE State Ks

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED  
BEFORE WORK IS COMMENCED

Well Owner or Operator

By

Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	25 miles	mileage charge	4.00	100.00
	25 miles	pickup mileage charge	2.00	50.00
		Surface Pipe		1100.00
	225	60/40 2% Gel	9.25	2081.25
	8	sack Calcium		320.00
		8 5/8 plug	65.00	65.00
	233	Bulk Charge	1.25	291.25
		Bulk Truck Miles $10.22 \times 25 = 256 \times$	1.10	281.60
		Process License Fee on _____ Gallons		
		TOTAL BILLING		4289.10

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative [Signature]

Station \_\_\_\_\_

Dick S.

Well Owner, Operator or Agent

Remarks \_\_\_\_\_

NET 30 DAYS



## Acid Stage No. ....

Type Treatment:	Amt.	Type Fluid	Sand Size	Pounds of Sand
Bkdown.....	Bbl. /Gal.			
	Bbl. /Gal.			
	Bbl. /Gal.			
	Bbl. /Gal.			
Flush .....	Bbl. /Gal.			
Treated from.....	ft. to.....		ft.	No. ft.
	from.....		ft.	No. ft.
	from.....		ft.	No. ft.
Actual Volume of Oil /Water to Load Hole: .....				
				Bbl. /Gal.
Pump Trucks, No. Used:	Std.....	Sp.....	Twin.....	
Auxiliary Equipment .....				
Packer:.....			Set at.....	ft.
Auxiliary Tools .....				
Plugging or Sealing Materials: Type.....				
				lbs.

Open Hole Size..... T.D. .... ft. P.B. to..... ft.

Company Representative.

Treater Jim DeHaven

[illegible]