



Cement
Surface

FIELD ORDER N° C 38149

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

DATE 1-16-13 20__

IS AUTHORIZED BY: BEAR PETROLEUM
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease ARMSTRONG Well No. B Customer Order No. _____

Sec. Twp. Range _____ County PAWNEE 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 _____ By _____
Well Owner or Operator Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	50	MILEAGE Pump TRUCK	400	200 ⁰⁰
	50	MILEAGE PICKUP	2 ⁰⁰	100 ⁰⁰
	1	Pump CHARGE - SURFACE	1100 ⁰⁰	1100 ⁰⁰
	300	60/40 2% Gel	9 ²⁵	2775 ⁰⁰
	10	CALCIUM	40 ⁰⁰	400 ⁰⁰
	1	8 5/8 wood PLUG	65 ⁰⁰	65 ⁰⁰
	310	Bulk Charge	1 ²⁵	387 ⁵⁰
		Bulk Truck Miles 13.6T x 50m = 680Tm x 1 ¹⁰	1 ¹⁰	748 ⁰⁰
		Process License Fee on _____ Gallons		
TOTAL BILLING				5775 ⁵⁰

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 BRANDON

Station GB

DICK S
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

