

COPELAND

Acid & Cement

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

Invoice

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BURRTON, KS ♦ GREAT BEND, KS
(620) 463-5161 (620) 793-3366
FAX (620) 463-2104 FAX (620) 793-3536

INVOICE NUMBER:
C36760-IN

BILL TO:

CARMEN SCHMITT, INC.
BOX 47
GREAT BEND, KS 67530

LEASE: NEY UNIT #1 INJ

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS		
06/28/2011	C36760		06/20/2011		NET 30		
QUANTITY	U/M	ITEM NO./DESCRIPTION			D/C	PRICE	EXTENSION
		6/20/11					
30.00	MI	CEMENT MILEAGE PUMP TRUCK			0.00	4.00	120.00
30.00	MI	CEMENT MILEAGE PUMP TRUCK			0.00	2.00	60.00
1.00	EA	CEMENT PUMP CHARGE (PLUG)			0.00	650.00	650.00
325.00	SAX	60-40 POZ MIX 2% GEL			0.00	9.25	3,006.25
7.00	SAX	2% ADDITIONAL GEL			0.00	16.00	112.00
2.00	SAX	CALCIUM CHLORIDE - SAX			0.00	40.00	80.00
750.00	LB	COTTONSEED HULLS			0.00	0.35	262.50
		6/21/11					
30.00	MI	CEMENT MILEAGE PUMP TRUCK			0.00	2.00	60.00
1.00	EA	CEMENT PUMP CHARGE (PLUG)			0.00	650.00	650.00
130.00	SAX	60-40 POZ MIX 2% GEL			0.00	9.25	1,202.50
3.00	SAX	2% ADDITIONAL GEL			0.00	16.00	48.00
250.00	LB	COTTONSEED HULLS			0.00	0.35	87.50
1.00	EA	2" VALVE & RISER			0.00	107.00	107.00

Continued

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06/28/2011	C36760		06/20/2011		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
467.00	EA	BULK CHARGE		0.00	1.25	583.75
618.00	MI	BULK TRUCK - TON MILES		0.00	1.10	679.80
REMIT TO:		COP		Net Invoice:		7,709.30
P.O. BOX 438		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO		RULCO Sales Tax:		116.78
HAYSVILLE, KS 67060		MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		Invoice Total:		7,826.08
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.

Copeland Acid & Cement is a subsidiary of Gressel Oil Field Service

Gressel Oil Field Service reserves a security interest in the goods sold until the same are paid for in full and reserve all the rights of a secured party under the Uniform Commercial Code

COPELAND

Acid & Cement



FIELD
ORDER N° C 36760

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

DATE 6/21/11 2011

IS AUTHORIZED BY: C. J. Smith
(NAME OF CUSTOMER)
Address _____ City _____ State _____
To Treat Well _____
As Follows: Lease dry unit Well No. 47 Customer Order No. _____
Sec. Twp. _____
Range _____ County Russell 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
		<u>6/21/11</u>		
	30	mileage pump truck	4. ⁰⁰	120. ⁰⁰
	30	mileage pickup	2. ⁰⁰	60. ⁰⁰
	1	Pump Charge (Plus)		650. ⁰⁰
	375	colu. per 2% sol.	9. ⁰⁰	3,375. ⁰⁰
	7	2% acid. sol.	16. ⁰⁰	112. ⁰⁰
	2	Calcium Chloride	40. ⁰⁰	80. ⁰⁰
	750 [#]	Hulls	.35	262. ⁵⁰
		<u>6/21/11</u>		
	30	mileage pickup	2. ⁰⁰	60. ⁰⁰
	1	Pump Charge (Plus)		650. ⁰⁰
	120	colu. per 2% sol.	9. ⁰⁰	1,080. ⁰⁰
	3	2% acid. sol.	16. ⁰⁰	48. ⁰⁰
	750 [#]	Hulls	.35	262. ⁵⁰
	1	2" valve riser		107. ⁰⁰
	46.7	Bulk Charge	1. ⁰⁰	46.70
		Bulk Truck Miles $70.67 \times 30m = 618.7m \times 1.00$	1. ⁰⁰	618.70
		Process License Fee on _____ Gallons		
		TOTAL BILLING		7709. 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 William W.

Station 6.15

C. J. Smith
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

TREATMENT REPORT

Acid Stage No.

Date 6/20/11 District G.B. F. O. No. C36760
 Company Cemen Schmitt
 Well Name & No. Neg Unit #1 INJ
 Location Field
 County Russell State Ks

Casing: Size 5 1/2" Type & Wt. Set at ft.
 Formation: Perf. to
 Formation: Perf. to
 Formation: Perf. to
 Liner: Size --- Type & Wt. Top at ft. Bottom at ft.
 Cemented: Yes/No. Perforated from ft. to ft.
 Tubing: Size & Wt. 2 7/8" Hung at ft.
 Perforated from ft. to ft.
 Open Hole Size T.D. ft. P.D. to ft.

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand
 Breakdown Bbl. /Gal.
 Bbl. /Gal.
 Bbl. /Gal.
 Bbl. /Gal.
 Flush Bbl. /Gal.
 Treated from ft. to ft. No. ft.
 from ft. to ft. No. ft.
 from ft. to ft. No. ft.
 Actual Volume of Oil/Water to Load Hole: Bbl. /Gal.
 Pump Trucks: No. Used: Std. 300 Hp. Twin.
 Auxiliary Equipment 317/310
 Packer: Set at ft.
 Auxiliary Tools
 Plugging or Sealing Materials: Type

Company Representative C. L. H. Treater Nathan W.

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
8:45	2 7/8"	5 1/2"	6/20/11	On Location
:				
:				Mix 175 sts. 50% wa. 40% sc.
:				w/ 450# Halls @ 1,340'
:				(Wait 1 hr.)
:				
:				Mix 50 sts. w/ 100# Halls @ 814'
:				(Wait 2 hrs.)
:				
:				Mix 100 sts w/ 200# Halls @ 20%
:				C.C. @ 814'
1:30				Shut down.
:				
8:00			6/21/11	On Location
:				
:				Tag cement @ 800'.
:				
:				Mix 40 sts. 50% wa. 40% sc.
:				w/ 200# Halls @ 800'. Circulated
:				cement to surface
:				
:				Top off w/ 5 sts.
:				
:				Tag on Annulus. Mix 35 sts.
9:30				Pressured up to 150# Shut in.
:				
:				
:				Thank You!
:				Nathan W.
:				
:				
:				
:				
:				