

1/20/2013

COPELAND

Acid & Cement

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

Invoice

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

INVOICE NUMBER:
C41897-IN

BILL TO:
LASSO OIL
P.O. BOX 465
CHASE, KS 67524

LEASE: MCCLAREN B-1

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
11/18/2013	C41897		11/07/2013		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
50.00	MI	MILEAGE PUMP TRUCK		0.00	4.00	200.00
50.00	MI	MILEAGE PU TRUCK		0.00	2.00	100.00
1.00	EA	PUMP CHARGE		0.00	550.00	550.00
750.00	GAL	15% NEFE ACID		0.00	1.90	1,425.00
2.00	GAL	CORROSION INHIBITOR		0.00	40.00	80.00
3.00	GAL	CLAY-PLEX		0.00	25.00	75.00
2.00	GAL	KCL - LIQUID		0.00	23.50	47.00
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice:		2,477.00
RECEIVED BY _____		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		KIOCO Sales Tax:		39.33
		NET 30 DAYS		Invoice Total:		2,516.33

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



FIELD ORDER N^o C 41897

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

DATE 11/7/10 20

IS AUTHORIZED BY: Lessor Energy (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease McClain Well No. 10-1 Customer Order No. _____

Sec. Twp. Range _____ County McPherson 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
3	50	mileage pump truck	4 ⁰⁰	200 ⁰⁰
3	50	mileage pickup	2 ⁰⁰	100 ⁰⁰
3	1	Pump Chase (Drill)		550 ⁰⁰
3	750	15% HCL	1 ⁹⁰	1,425 ⁰⁰
3	2	Inhibitor	25 ⁰⁰	50 ⁰⁰
3	3	Clay-Max	25 ⁰⁰	75 ⁰⁰
3	2	HCL	23 ⁵⁰	47 ⁰⁰
		Bulk Charge		
		Bulk Truck Miles		
		Process License Fee on _____ Gallons		
TOTAL BILLING				2,177⁰⁰

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 Nathan Lee

Station G.B.

Matt
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

1/20/2013

COPELAND

Acid & Cement

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

Invoice

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

INVOICE NUMBER:
C41898-IN

BILL TO:
LASSO OIL
P.O. BOX 465
CHASE, KS 67524

LEASE: McClAREN B-1

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
11/18/2013	C41898		11/08/2013		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
50.00	MI	CEMENT MILEAGE PUMP TRUCK		0.00	4.00	200.00
50.00	MI	CEMENT MILEAGE PU TRUCK		0.00	2.00	100.00
1.00	EA	CEMENT PUMP CHARGE		0.00	950.00	950.00
100.00	SAX	COMMON CEMENT		0.00	11.25	1,125.00
50.00	LB	C-12		0.00	3.75	187.50
1.00	EA	MIN. BULK CHARGE		0.00	150.00	150.00
236.50	MI	BULK TRUCK - TON MILES		0.00	1.10	260.15
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice:		2,972.65
RECEIVED BY _____		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		KIOCO Sales Tax:		67.93
		NET 30 DAYS		Invoice Total:		3,040.58

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



FIELD ORDER N^o C 41898

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

DATE 11/5/13 20

IS AUTHORIZED BY: Lease Energy (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease McClaren Well No. 15-1 Customer Order No. _____

Sec. Twp. Range _____ County Lincoln 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
2	50	mileage pump truck	4. ⁰⁰ / ₁₀₀	200. ⁰⁰ / ₁₀₀
2	50	mileage pickup	2. ⁰⁰ / ₁₀₀	100. ⁰⁰ / ₁₀₀
2	1	Pump Charge (Squance)		950. ⁰⁰ / ₁₀₀
2	100	Common	11. ⁷⁵ / ₁₀₀	1,175. ⁰⁰ / ₁₀₀
2	50	C 12	3. ⁵⁰ / ₁₀₀	175. ⁰⁰ / ₁₀₀
2	101	Bulk Charge		150. ⁰⁰ / ₁₀₀
2		Bulk Truck Miles 4737 x 50m = 236.5 Truck 1 ⁰⁰ / ₁₀₀	1. ⁰⁰ / ₁₀₀	236. ⁵⁰ / ₁₀₀
		Process License Fee on _____ Gallons		
TOTAL BILLING				2,972.⁰⁰/₁₀₀

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 G.B.

[Signature]
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS



TREATMENT REPORT

Acid Stage No. _____

Date 11/8/2013 District G.B. F.O. No. C41898

Company Lasso Energy

Well Name & No. McClaren B-1

Location _____ Field _____

County Kiowa State KS

Casing: Size 5.5" 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. 2.5" Swung at _____ ft.

Perforated from _____ ft. to _____ ft.

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

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. <u>0</u>
from _____ ft. to _____ ft.	No. ft. <u>0</u>
from _____ ft. to _____ ft.	No. ft. <u>0</u>

Actual Volume of Oil / Water to Load Hole: _____ Bbl./Gal.

Pump Trucks. No. Used: Std. 320 Sp. _____ Twin _____

Auxiliary Equipment _____

Personnel Nathan, Scott, Joe

Auxiliary Tools _____

Plugging or Sealing Materials: Type _____

_____ Gals. _____ lb.

Company Representative Matt Treater Nathan W.

TIME	PRESSURES		Total Fluid Pumped	REMARKS
	a.m./p.m.	Tubing		
1:00	2.5"	5.5"		On Location.
				Packer-4816'
				Perfs-4904'-10'
				Load Annulus to 500#. Shut in.
				Take injection rate at 3bpm-800#
				Mix 50sks Common 1% C-12.
				Mix 50sks Common.
				Displace with 28.5bbbls at .5bpm-900# Shut in and wash up. Wait 30 minutes. Pump .5bbbls at 800# Wait 30 min. Pump .25bbbls at 1000# Held 1000# Released pressure and reversed tubing out with 40bbbls
4:30				Pull 3jts and set packer and pressure up to 500# Shut in.
				Thank You!
				Nathan W.

1/29/2013

COPELAND

Acid & Cement

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 HAYSVILLE, KS 67060
 (316) 524-1225
 (316) 524-1027 FAX

Invoice

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

INVOICE NUMBER:
C40602-IN

BILL TO:
LASSO OIL
P.O. BOX 465
CHASE, KS 67524

LEASE: McCLAREN B #1

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
11/26/2013	C40602		11/21/2013		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
50.00	MI	MILEAGE PUMP TRUCK		0.00	4.00	200.00
50.00	MI	MILEAGE PU TRUCK		0.00	2.00	100.00
1.00	EA	PUMP CHARGE		0.00	550.00	550.00
400.00	GAL	15% NEFE ACID		0.00	1.90	760.00
1.00	GAL	CORROSION INHIBITOR		0.00	40.00	40.00
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice:		1,650.00
RECEIVED BY _____		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		KIOCO Sales Tax:		39.33
		NET 30 DAYS		Invoice Total:		1,689.33

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

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FIELD ORDER N° C 40602

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

DATE 11/21 2013

IS AUTHORIZED BY: LASSU Energy
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease McClaren B Well No. 41 Customer Order No. _____

Sec. Twp. Range _____ County KIOWA 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
3	50	miles mileage charge	4.00	200.00
3	50	miles pickup mileage charge	2.00	100.00
3		Acid Pump Charge		550.00
3	400	gals 15% NF/FE	1.90	760.00
3	1	gal Corrosion Inhibitor		40.00
		Bulk Charge		
		Bulk Truck Miles		
		Process License Fee on _____ Gallons		
TOTAL BILLING				1650.00

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 Tu Dittler

Station GB

Bruce
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

1/29/2013

COPELAND

Acid & Cement

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

Invoice

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

INVOICE NUMBER:
C41980-IN

BILL TO:
LASSO OIL
P.O. BOX 465
CHASE, KS 67524

LEASE: McClAREN B-1

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
11/26/2013	C41980		11/21/2013		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
50.00	MI	MILEAGE PUMP TRUCK		0.00	4.00	200.00
50.00	MI	MILEAGE PU TRUCK		0.00	2.00	100.00
1.00	EA	PUMP CHARGE		0.00	550.00	550.00
1,700.00	GAL	15% NE ACID		0.00	1.65	2,805.00
4.00	GAL	CORROSION INHIBITOR		0.00	40.00	160.00
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		TOL		Net Invoice:		3,815.00
RECEIVED BY _____		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		KIOCO Sales Tax:		39.33
		NET 30 DAYS		Invoice Total:		3,854.33

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

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FIELD ORDER N^o C 41980

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

DATE 11/7/13 20

IS AUTHORIZED BY: Lasso Energy (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease McClernan Well No. B-1 Customer Order No. _____

Sec. Twp. Range _____ County kiowa 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
3	50	mileage pump truck	4. ⁰⁰	200. ⁰⁰
3	50	mileage pickup	2. ⁰⁰	100. ⁰⁰
3	1	Pump Charge (Acid)		550. ⁰⁰
3	1,700	15% A.C.	1. ⁴⁴	2,448. ⁰⁰
3	4	Inhibitor	40. ⁰⁰	160. ⁰⁰
		Bulk Charge		
		Bulk Truck Miles		
		Process License Fee on _____ Gallons		
TOTAL BILLING				3,818.⁰⁰

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 Michael W.

Station G.B.

Matt

Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

