



FIELD ORDER N° C 41952

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

DATE 11-18-13 20__

IS AUTHORIZED BY: BEAR PETRO
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease STEREAK Well No. D-1 Customer Order No. _____

Sec. Twp. Range _____ County Flour State _____

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	200 ⁰⁰
2	50	MILEAGE PICKUP	2 ⁰⁰	100 ⁰⁰
2	1	PUMP CHARGE - SURFACE		1100 ⁰⁰
2	300	65/35 2% gel	9 ²⁵	2775 ⁰⁰
2	200	60/40 2% gel	9 ²⁵	1850 ⁰⁰
2	10 11	4% add gel	22 ⁰⁰	242 ⁰⁰
2	14	3% CALCIUM	40 ⁰⁰	560 ⁰⁰
2	10	WAIT TIME	100 ⁰⁰	1000 ⁰⁰
2	525	Bulk Charge	1 ²⁵	656 ²⁵
2		Bulk Truck Miles $23.17 \times 50m = 1155.7m \times 110$	1 ¹⁰	1270 ⁵⁰
		Process License Fee on _____ Gallons		9753 ⁷⁵
		TOTAL BILLING		20

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 Brendon

Station GB

PICK
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

