

COPELAND

Acid & Cement

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

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

Invoice

INVOICE NUMBER:
C40561-IN

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

LEASE: **BAIR 1**

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
12/19/2013	C40561		12/16/2013		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
100.00	MI	CEMENT MILEAGE PUMP TRUCK		0.00	4.00	400.00
100.00	MI	CEMENT MILEAGE PU TRUCK		0.00	2.00	200.00
1.00	EA	CEMENT PUMP CHARGE		0.00	950.00	950.00
150.00	SAX	COMMON CEMENT		0.00	11.25	1,687.50
6.00	SAX	CALCIUM CHLORIDE - SAX		0.00	40.00	240.00
156.00	EA	BULK CHARGE		0.00	1.25	195.00
729.00	MI	BULK TRUCK - TON MILES		0.00	1.10	801.90
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice:		4,474.40
RECEIVED BY _____		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		COWCO Sales Tax:		60.80
		NET 30 DAYS		Invoice Total:		4,535.20

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 in full and reserve all the rights of a secured party under the Uniform Commercial Code



FIELD ORDER N° C 40561

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

DATE 12-17-13 20

IS AUTHORIZED BY: Lease Energy (NAME OF CUSTOMER)

Address _____ City _____ State _____

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

Sec. Twp. Range _____ County Cole 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
2	1000	release pump truck	4.00	400.00
2	100	release pickup	2.00	200.00
2	1	Lease (Lease) (signature)		750.00
2	150	Common	11.75	1,762.50
2	6	Calcium Chloride	40.00	240.00
2	150	Bulk Charge	1.30	195.00
2		Bulk Truck Miles 7,797 x 1000 = 7,797,000	1.10	8,576.70
		Process License Fee on _____ Gallons		
TOTAL BILLING				4,474.20

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 Richard G.

Station G.B.

Rince Kellin
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

