

# 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:  
**C40567-IN**

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

**LEASE: BAIR 1**

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
12/27/2013	C40567		12/18/2013		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
140.00	SAX	COMMON CEMENT		0.00	11.25	1,575.00
1,000.00	LB	GILSONITE		0.00	0.50	500.00
160.00	EA	BULK CHARGE		0.00	1.25	200.00
708.00	MI	BULK TRUCK - TON MILES		0.00	1.10	778.80
<b>REMIT TO:</b> P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice:		4,603.80
RECEIVED BY _____		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		COWCO Sales Tax:		60.80
		<b>NET 30 DAYS</b>		<b>Invoice Total:</b>		<b>4,664.60</b>

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



FIELD ORDER N° C 40567

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

DATE 10 15 13 20

IS AUTHORIZED BY: Lesco Energy (NAME OF CUSTOMER)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

To Treat Well As Follows: Lease None Well No. 1 Customer Order No. \_\_\_\_\_

Sec. Twp. Range \_\_\_\_\_ County Collins 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	100	release pump truck	1.00	100.00
2	100	release pickup	2.00	200.00
2	1	Pump Charge (\$950.00)		950.00
2	146	Cement	11.52	1,575.92
2	1,000	Gilgocrite	.50	500.00
2	100	Bulk Charge	2.00	200.00
2		Bulk Truck Miles $70 \text{ IN T} \times 100 = 70.5 \text{ T} \times 1.10$	1.10	77.55
		Process License Fee on _____ Gallons		
<b>TOTAL BILLING</b>				<b>4,603.80</b>

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 C-15

Royce Kelson  
Well Owner, Operator or Agent

Remarks \_\_\_\_\_

**NET 30 DAYS**

