



FIELD ORDER N<sup>o</sup> C 40427

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

DATE 7-4-14 20  

IS AUTHORIZED BY: Come Business (NAME OF CUSTOMER)

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

To Treat Well \_\_\_\_\_ As Follows: Lease Mine Well No. 1 Customer Order No. \_\_\_\_\_

Sec. Twp. \_\_\_\_\_ Range \_\_\_\_\_ County Ellsworth 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	30	Miscellaneous Pump Tools	400 <sup>00</sup>	1200 <sup>00</sup>
2	30	Miscellaneous Pumping	200 <sup>00</sup>	600 <sup>00</sup>
2	1	Pump Casing - Pull Rods		1100 <sup>00</sup>
2	140	60/110 2" 69-1	92 <sup>00</sup>	12880 <sup>00</sup>
2	4	2 1/2" acid line	220 <sup>00</sup>	8800 <sup>00</sup>
2	500	3/4" 10# FLAKE	20 <sup>00</sup>	10000 <sup>00</sup>
2	195	Bulk Charge	125	24375
2		Bulk Truck Miles 8.28 x 30 = 248.4	20	4968
		Process License Fee on _____ Gallons		
<b>TOTAL BILLING</b>				<b>38022</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 [Signature]

Station [Signature]

[Signature]  
Well Owner, Operator or Agent

Remarks \_\_\_\_\_

**NET 30 DAYS**

TREATMENT REPORT

Acid Stage No. \_\_\_\_\_

Date: 4/2014 District \_\_\_\_\_ F.O. No. 40427  
 Company: CASTLE RESOURCES  
 Well Name & No. MAHL #1  
 Location \_\_\_\_\_ Field \_\_\_\_\_  
 County ELLSWORTH State KS

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand  
 Bkdown \_\_\_\_\_ Bbl./Gal. \_\_\_\_\_  
 \_\_\_\_\_ Bbl./Gal. \_\_\_\_\_  
 \_\_\_\_\_ Bbl./Gal. \_\_\_\_\_  
 \_\_\_\_\_ Bbl./Gal. \_\_\_\_\_  
 Flush \_\_\_\_\_ Bbl./Gal. \_\_\_\_\_

Casing: Size \_\_\_\_\_ 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: \_\_\_\_\_ Perforated from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 Tubing: Size & Wt. \_\_\_\_\_ Swung at \_\_\_\_\_ ft.  
 Perforated from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 Open Hole Size \_\_\_\_\_ T.D. \_\_\_\_\_ ft. P.B. to \_\_\_\_\_ ft.

Treated from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. No. ft. 0  
 from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. No. ft. 0  
 from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. No. ft. 0

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

Pump Trucks. No. Used: Std. 318 Sp. \_\_\_\_\_ Twin \_\_\_\_\_  
 Auxiliary Equipment 317-308  
 Personnel BRANDON SCOTT AND JORDAN  
 Auxiliary Tools \_\_\_\_\_  
 Plugging or Sealing Materials: Type \_\_\_\_\_ Gals. \_\_\_\_\_ lb.

Company Representative WHITE KNIGHT DRILLING Treater BRANDON

TIME .m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
:30				ON LOCATION
				PUMP 35 SKS 60/40 4% 1/4# PER SK FLO SEAL AT 3350' AND DISPLACE WITH KELLY
				PUMP 35 SKS 60/40 4% 1/4# PER SK FLO SEAL AT 1250'
				PUMP 35 SKS 60/40 4% 1/4# PER SK FLO SEAL AT 950'
				PUMP 35 SKS 60/40 4% 1/4# PER SK FLO SEAL AT 350'
				PUMP 25 SKS 60/40 4% 1/4# PER SK FLO SEAL AT 60'
				PLUG RAT HOLE W/ 25 SKS 60/40
				THANKS
				BRANDON



FIELD ORDER N° C 49427

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

DATE 7-4-14 20

IS AUTHORIZED BY: Craig Anderson (NAME OF CUSTOMER)

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

To Treat Well As Follows: Lease Main Well No. 1 Customer Order No. \_\_\_\_\_

Sec. Twp. Range \_\_\_\_\_ County Ellis 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	30	Miscellaneous Pump Parts	400 <sup>00</sup>	1200 <sup>00</sup>
2	30	Miscellaneous Pump Parts	200 <sup>00</sup>	600 <sup>00</sup>
2	1	Pump Casing - Pump Assembly		1100 <sup>00</sup>
2	190	60/40 2 1/2" Drill	925 <sup>00</sup>	17575 <sup>00</sup>
2	4	2 1/2" Acid Gall	2200 <sup>00</sup>	8800 <sup>00</sup>
2	100	50/50 Flare	100 <sup>00</sup>	1000 <sup>00</sup>
2	195	Bulk Charge	125 <sup>00</sup>	24375 <sup>00</sup>
2		Bulk Truck Miles	125 <sup>00</sup>	24375 <sup>00</sup>
		Process License Fee on _____ Gallons		
		<b>TOTAL BILLING</b>		<b>38000<sup>00</sup></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 [Signature]

Station 58

[Signature]  
Well Owner, Operator or Agent

Remarks \_\_\_\_\_

NET 30 DAYS