COPELAND
Acid & Cement

FIELD ORDER № C 40827

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

DATE April 21 20 14

IS AUTHORIZED BY: Kantoe Oil
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Friedrich Well No. 4 Customer Order No. _____

Sec. Twp. Range _____ County Reno 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
	1	Pump chg for plug job		600.00
	85 sx	Class H Cement for Surface Plug @ 12.00/sx		1020.00
	160 sx	60-40-4 % Poz @ 10.00/sack	14.10.40	1635.00
	225#	Calcium Chloride @ 50¢/Lb 5-50% Bag @ 30.00		150.00
	4 Hrs	Orange or 4 hr min @ 100.00/hr		400.00
	6 miles	Two way mileage @ 4.00/mile		24.00
	245 sx	Bulk Charge @ 1.25/sack		306.25
	66.2	Bulk Truck Miles @ 1.00/ton mile min chg		150.00
		Process License Fee on _____ Gallons		
		TOTAL BILLING		4310.65

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 _____

Station Buck _____ _____
Well Owner, Operator or Agent

Remarks Plug due 4/15

NET 30 DAYS