

## Cement liner

FIELD ORDER Nº C 40840

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

			310-524	DATE_	M. 1	3	20_14
		•		DATE_	1.12	2	20
IS AUTHOR	IZED BY:	Bear Pe	(NAME OF	CUSTOMER)			
Address				•		_ State	
To Treat Well As Follows: Lease <u>Greables</u>				SWY	_ Customer Or	rder No	
Sec. Twp.				Kingman			La
not to be held I implied, and no treatment is pay our invoicing de	iable for any da representation yable. There wi ppartment in acc	mage that may accrue in s have been relied on, as Il be no discount allowed cordance with latest public	agreed that Copeland Acid connection with said service to what may be the results of subsequent to such date.	Service is to service or treat e or treatment. Copeland A or effect of the servicing or t % interest will be charged af	at owners risk, th cid Service has m reating said well.	e hereinbefore nade no repres The consider	e mentioned well and i sentation, expressed of ration of said service of
THIS ORDER MU BEFORE WORK	JST BE SIGNED IS COMMENCED	)	Well Owner or Operator	Ву		Agent	
CODE	QUANTITY		DESCRI	PTION	T	UNIT	AMOUNT
CODE	QUARTITI	0 \	O \ -	FIION	-	COST	AMOUNT
	1	Punp chy	too like				20 E
	5901	C31, F ES	setio- Reduce	2025/8			125=
	3005	Ja 60-40-	25 Gelle 1a	00/sode.			3000 ==
	40 mil	a lucy mil	en Hal m	ule for our	Jeuch		1600
	1	32" Wiles 6	1 10 - 2011	ea.	,		(0000
	2 Hrs	Calera 2 L	the min 3100	and has			200 =
	100#	H III CHO	4/11	I DB			4000
	100	MAIIS 10	100				10
		a					
,							
	022 1	Dully Change V	15/ . \				20=02
		Bulk Charge	1 Sack				3.18
	522	Bulk Truck Miles	Tow mil	۷			574 -
		Process Lie	cense Fee on	Gallons			
				TOTALE	BILLING		548420
I certify th manner u	nat the above	material has been a	accepted and used; that	at the above service war, operator or his agent	as performed , whose signa	in a good a	nd workmanlike rs below.
Copeland	Representativ	e Han K	/	1 <del>2</del> 5			
Station	R						Received RPORATION COMMISSION
Station	120	KETOF		Well	Owner, Operator or	Agent	
Remarks_	hin	Job-	NETOO	DAVC		JU	N 1 1 2014
			NET 30	DATS			RVATION DIVISION VICHITA, KS



## TREATMENT REPORT

Type Treatment: Amt.

Sand Size Pounds of Sand

Type Fluid

511	2/12	Book	22	O. No	Type Treatment:		Type Fluid	Sand Size			
Company				O. No.	Bkdown						
	J. Goal	ibea Su	2 <b>7</b> )								
. 7	٠,		1)	<b>5</b>	Flush						
County	9				Treuted from						
Casing: Size.	<b>1</b> 37	Type & Wt		Set at	1	ft.					
			Perf	to		ft.					
Formation:			Perf	to							
Formation:	·y		Perf	to	Actual Volume of Ol						
Liner: Size.	Type & W	Vt	Top at Seven	t. Bottom ut \$186.ft.							
Cen	nented: Yes/No	. Perforated fro	om	ft. toft.	Auxiliary Equipment Bylk 822						
Tubing: Size	& Wt		Swung at	tt.	Packer:						
Per	forated from		ft. to		Auxiliary Tools		220	(0-412)	, _		
					Plugging or Bealing Muterials: Type 300 Sade 60-40-25						
Onen Hole Siz		T.D		B. toft.	1002	MIIZ			b		
Company 1	Representativ	/e			Treater	m B/					
TIME		SURES	Total Fluid Pumped			REMARKS					
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:		500#	2683,	3BPB 57	4 60						
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							CON	SERVATION DI WICHITA, KS	VISION		
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