

# 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:  
**C42707-IN**

**BILL TO:**  
**CARMEN SCHMITT, INC.**  
**P.O. BOX 47**  
**GREAT BEND, KS 67530**

**LEASE: DORR 702**

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
06/30/2014	C42707		06/30/2014		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
35.00	MI	CEMENT MILEAGE PUMP TRUCK		0.00	4.00	140.00
35.00	MI	CEMENT MILEAGE PU TRUCK		0.00	2.00	70.00
1.00	EA	CEMENT PUMP CHARGE		0.00	650.00	650.00
360.00	SAX	60-40 POZ MIX 2% GEL		0.00	10.00	3,600.00
7.00	SAX	2% ADDITIONAL GEL		0.00	22.00	154.00
500.00	LB	COTTONSEED HULLS		0.00	0.40	200.00
367.00	EA	BULK CHARGE		0.00	1.25	458.75
565.18	MI	BULK TRUCK - TON MILES		0.00	1.10	621.70
		12420.0702 710/43 "Plug Well" Well file				
<b>REMIT TO:</b> P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice:		5,894.45
		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		ROOCO Sales Tax:		39.98
<hr/> RECEIVED BY		<b>NET 30 DAYS</b>		<b>Invoice Total:</b>		<b>5,934.43</b>

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



FIELD ORDER N° C 42707

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

DATE 6-30-14 20

IS AUTHORIZED BY: CAROLAN SCHMIDT (NAME OF CUSTOMER)

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

To Treat Well As Follows: Lease DORA Well No. 707 Customer Order No. \_\_\_\_\_

Sec. Twp. Range \_\_\_\_\_ County ROCKS 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	35	Miscellaneous Pump Truck	4 <sup>00</sup>	140 <sup>00</sup>
2	35	Miscellaneous Pick up	2 <sup>00</sup>	70 <sup>00</sup>
2	1	Pump change-out Plug		650 <sup>00</sup>
2	360	60/40 2% gel	10 <sup>00</sup>	3600 <sup>00</sup>
2	7	2% add free	22 <sup>00</sup>	154 <sup>00</sup>
2	500 <sup>00</sup>	Water	.40	200 <sup>00</sup>
2	367	Bulk Charge	125	458 <sup>25</sup>
2		Bulk Truck Miles <u>16.148 x 35 = 565.18</u>	110	621 <sup>20</sup>
		Process License Fee on _____ Gallons		
<b>TOTAL BILLING</b>				<b>5894<sup>45</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 French

Station 53

Carlan  
Well Owner, Operator or Agent

Remarks \_\_\_\_\_

**NET 30 DAYS**

