



FIELD ORDER No C 40886

405-823-4225 BOX 438 • HAYSVILLE, KANSAS 67060 316-524-1225

DATE July 6 20 14

IS AUTHORIZED BY: Sandy Edge / Titan Well Serv Co. (NAME OF CUSTOMER)

Address PO Box 340 City Dover State OK 73746

To Treat Well As Follows: Lease Kate Well No. 340X 1-4 Customer Order No.

Sec. Twp. Range W 34 G W County Harper 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. 8% 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 Jerry Martin Well Owner or Operator Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	1	Pump shop supply job		650.00
	9.2 miles	1 way on highway @ 4¢/mile 1 way		368.00
	7.5 hrs	Overage of 4 hrs @ 100¢/hr		750.00
				1768.00
	10 Hrs	Truck truck 133 @ 95¢/hr		1045.00
		Tax 7.650		215.00
		Bulk Charge		
		Bulk Truck Miles		
		Process Liconso Fee on Gallons		
		TOTAL BILLING		3028.00

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: Bussard Well Owner, Operator or Agent: [Signature]

Remarks: Case well full much

NET 30 DAYS



TREATMENT REPORT

Acid State No: PT

Date: 7/11/14 District: Bulletts F. O. No.
 Company: Servco ITAN Well Serv
 Well Name & No.: Yard 240C-1-4
 Location: Field:
 County: Wagoner State: OK
 Casing: Size: Type & Wt.: Set at: ft.
 Formation: Perf.: to ft.
 Formation: Perf.: to ft.
 Formation: Perf.: to ft.
 Liner: Size: Type & Wt.: Top at: ft. Bottom at: ft.
 Cemented: Yes/No, Perforated from: ft. to ft.
 Tubing: Size & Wt.: 2 3/8 Swung at: 1050 ft.
 Perforated from: ft. to ft.
 Open Hole Size: T.D.: ft. P.U. to: ft.

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand
 Blodown: Bbl./Gal.
..... Bbl./Gal.
..... Bbl./Gal.
 Flush: Bbl./Gal.
 Treated from: ft. to ft. No. ft.
 from: ft. to ft. No. ft.
 from: ft. to ft. No. ft.
 Actual Volume of Oil/Water to Load Hub: Bbl./Gal.
 Pump Trucks, No. Used: Hyd: 323 Bbl. Twin:
 Auxiliary Equipment: Bank 322 TT 133
 Packers: Set at: ft.
 Auxiliary Tools:
 Mudding or Sealing Materials: Type: Sand Class A Cms
2500 CC Size: lb.

Company Representative

Treater: [Signature]

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
1:45				On loc 33A Rig up Rig with 5 1/2 inch
4:00				Mix 2500 Calcium Chloride in 1st 800 Water
4:30			0	Tubing in 1050' to on tub. head over Mud
			1280	Bank mix start mix 1st down hole 5/8 sack 3'
			1280	50 sack away spec. should be flush
			1280	9000 mud 1st cement fall rock on way
				Wash up truck
4:50			0	1st 10' stand mixing of 5/8 sack Slurry 35% C
			980	Bank 2100
			780	55 sack away flush w/ 3 800 mud
5:00			1080	1st fall rock on way
				Wash up truck
6:00				Tag cement by tubing solid Bottom hole 120' fall up
			0	1st 310'
6:30			24	110 sack away 1st slurry to surface
				fall tub. mud
6:55				Top off 8 1/2'
				Wash up



FIELD ORDER No C 40887

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

DATE July 7 20 14

IS AUTHORIZED BY: Sand Ridge / Tim Well Service
(NAME OF CUSTOMER)
Address PO Box 340 City Dover State OK 73034
To Treat Well As Follows: Lease Kate Well No. 3406-1-4 Customer Order No. _____
Sec. Twp. Range H 34 6W County Harper State OK

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. 8% 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 _____ Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	1	Pump clamp for plug slab		650 ⁰⁰
	210	Sack Cement Class A Cement 12" / sack		2520 ⁰⁰
	5	Bags Calcium Chloride 90 ⁰⁰ / bag		150 ⁰⁰
	9	mils luxury mileage @ 100 ⁰⁰ / hr		368 ⁰⁰
	5	hrs Overhaul @ 100 ⁰⁰ / hr		500 ⁰⁰
	10	hrs Tank Touch @ 95 ⁰⁰ / hr		950 ⁰⁰
	210	40 Bulk Charge @ 125 / sack		262 ⁵⁰
	40	00 Bulk Truck Miles @ 110 / ton mile		998 ⁰⁰
		Process License Fee on Gallons 15X		624 ⁰⁰
		TOTAL BILLING		6888 ⁰⁰

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 Burston Well Owner, Operator or Agent _____

Remarks See plug job. NET 30 DAYS