

# COPELAND

Acid & Cement

BURRTON, KS (620) 463-5161  
 GREAT BEND, KS (620) 793-3366  
 FAX (620) 463-2104 FAX (620) 793-3536

POST OFFICE BOX 438  
 HAYSVILLE, KS 67060  
 (316) 524-1225  
 (316) 524-1027 FAX

**Invoice**

INVOICE NUMBER:  
**C40039-IN**

**BILL TO:**  
 KING OIL OPERATIONS  
 RODNEY KING  
 696 D FAIRGROUNDS RD  
 ELLIS, KS 67637

LEASE: JOHNSON 1

| DATE  | ORDER  | SALESMAN  | ORDER DATE | PURCHASE ORDER  | SPECIAL INSTRUCTIONS |           |
|---|--------|---|------------|---|----------------------|-----------|
| 04/15/2014  | C40039 |   | 04/10/2014 |   | NET 30               |           |
| QUANTITY  | U/M    | ITEM NO./DESCRIPTION  |            | D/C   | PRICE                | EXTENSION |
| 50.00   | MI     | CEMENT MILEAGE PUMP TRUCK   |            | 0.00  | 4.00                 | 200.00    |
| 50.00   | MI     | CEMENT MILEAGE PU TRUCK   |            | 0.00  | 2.00                 | 100.00    |
| 1.00  | EA     | CEMENT PUMP CHARGE  |            | 0.00  | 650.00               | 650.00    |
| 145.00  | SAX    | 60-40 POZ MIX 2% GEL  |            | 0.00  | 10.00                | 1,450.00  |
| 3.00  | SAX    | 2% ADDITIONAL GEL   |            | 0.00  | 22.00                | 66.00     |
| 148.00  | EA     | BULK CHARGE   |            | 0.00  | 1.25                 | 185.00    |
| 326.50  | MI     | BULK TRUCK - TON MILES  |            | 0.00  | 1.10                 | 359.15    |
| <b>REMIT TO:</b><br>P.O. BOX 438<br>HAYSVILLE, KS 67060 |        | COP<br><br>FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO<br>MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY. |            | Net Invoice: 3,010.15<br>MCPCO Sales Tax: 46.48<br><b>Invoice Total: 3,056.63</b> |                      |           |
| RECEIVED BY _____                                       |        | <b>NET 30 DAYS</b>  |            |   |                      |           |

Paid 4/18/14  
 CK# 2514

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days past due.



FIELD ORDER N° C 40039

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

DATE 4-10-11 2011

IS AUTHORIZED BY: King Oil (NAME OF CUSTOMER)  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 To Treat Well As Follows: Lease Johnson Well No. 1 Customer Order No. \_\_\_\_\_  
 Sec. Twp. Range 14-18-30 County McPherson 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                    | 50       | mileage pump truck   | 4.00      | 200.00          |
| 2                    | 50       | mileage pickup   | 2.00      | 100.00          |
| 2                    | 1        | Pump Charge - Plug   |           | 650.00          |
| 2                    | 145      | 60% pac. 2% gel.   | 10.00     | 1,450.00        |
| 2                    | 3        | 2% add. gel.   | 22.00     | 66.00           |
| 2                    | 148      | Bulk Charge  | 1.25      | 185.00          |
| 2                    |          | Bulk Truck Miles $6.53T \times 50m = 326.5Tm \times 1.107$ | 1.107     | 359.13          |
|                      |          | Process License Fee on _____ Gallons                       |           |                 |
| <b>TOTAL BILLING</b> |          |  |           | <b>3,010.13</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 Altha W.

Station G.O.

kelso  
Well Owner, Operator or Agent

Remarks \_\_\_\_\_

**NET 30 DAYS**

