



FIELD ORDER N^o C 42653

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

DATE 7-24-14 20

IS AUTHORIZED BY: DSAW OIL OPERATIONS
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Alorion Well No. 5 Customer Order No. _____

Sec. Twp. Range _____ County SALINE 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 _____ Agent

Well Owner or Operator

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
2	50	MILEAGE PUMP TRUCK	4 ⁰⁰	200 ²⁰
2	50	MILEAGE PUMP	2 ⁰⁰	100 ²⁰
2	1	PUMP CHARGE-PLUG		650 ²⁰
2	100 125	COMMON	12 ⁰⁰	1500 ²⁰
2	7	3% CAR	30 ⁰⁰	210 ²⁰
2	132	Bulk Charge	125	165 ²⁰
2		Bulk Truck Miles $62047 \times 50 = 31027$	12	341 ²²
		Process License Fee on _____ Gallons		
		TOTAL BILLING		3166²⁰

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 Ben

Station FB

Jim
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

