



Cement liner

FIELD  
ORDER № C 42572

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

DATE 7-24-14 20

IS AUTHORIZED BY: Bear Petroleum (NAME OF CUSTOMER)

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

To Treat Well As Follows: Lease Becker Well No. SW1 Customer Order No. \_\_\_\_\_

Sec. Twp. Range \_\_\_\_\_ County Harvey 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

Well Owner or Operator \_\_\_\_\_ By \_\_\_\_\_ Agent \_\_\_\_\_

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
2	60	milesc pump truck	4.00	240.00
2	60	milesc pickup	2.00	120.00
2	1	Pump Charge - Liner		950.00
2	250	65/35 per. 2% gal.	10.00	2,500.00
2	9	4% add. gal.	22.00	198.00
2	100 #	C-37	3.75	375.00
2	100 #	C-41p	3.75	375.00
2	1	4 1/2" wiper plus		65.00
2	1	4 1/2" float shop		285.00
2	263	Bulk Charge	1.25	328.75
2		Bulk Truck Miles 11.55 T x (60m = 693 Tm x 1.00)	1.00	762.50
		Process License Fee on _____ Gallons		
		TOTAL BILLING		6,199.00

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 Nathan W.

Station C.B.

Dick S.

Well Owner, Operator or Agent

Remarks \_\_\_\_\_

NET 30 DAYS



## TREATMENT REPORT

**Acid Stage No.**

Date 7/24/2014 District G.B. F.O. No. C42572

F.O. No. C42572

Company **Bear Petroleum**

Well Name & No. Becker SWD

## Location Field

County **Harvey** State **KS**

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Casing: Size 5.5" Type & Wt.   Set at   ft

Formation: \_\_\_\_\_ Perf. \_\_\_\_\_ to \_\_\_\_\_

Formation: \_\_\_\_\_ Perf. \_\_\_\_\_ to \_\_\_\_\_

Formation: \_\_\_\_\_ Perf. \_\_\_\_\_ to \_\_\_\_\_

Cemented:  Yes  Perforated from \_\_\_\_\_ It. to \_\_\_\_\_

Cemented: Yes ▼ Perforated from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Tubing: Size & Wt. \_\_\_\_\_ Swung at \_\_\_\_\_ ft.

Perforated from \_\_\_\_\_ It. to \_\_\_\_\_

Open Hole Size \_\_\_\_\_ T.D. \_\_\_\_\_ ft. P.B. to \_\_\_\_\_ ft.

Type Treatment:	Amt.	Type Fluid	Sand Size	Pounds of Sand
Bkdown	Bbl./Gal.			
	Bbl./Gal.			
	Bbl./Gal.			
	Bbl./Gal.			
Flush	Bbl./Gal.			
Treated from	ft. to	ft.	No. ft.	0
from	ft. to	ft.	No. ft.	0
from	ft. to	ft.	No. ft.	0
Actual Volume of Oil / Water to Load Hole: _____ Bbl./Gal.				
Pump Trucks.	No. Used:	Std. 320	Sp.	Twin _____
Auxiliary Equipment _____ 327				
Personnel <u>Nathan</u> <u>Greg</u> <u>Joe</u> _____				
Auxiliary Tools _____				
Plugging or Sealing Materials: Type _____				
Gals. _____ lb. _____				

### Company Representative

Dick S.

## Treater

Nathan W.



FIELD  
ORDER N° C 42859

Cement liner

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

DATE July 28 20 14

IS AUTHORIZED BY: Bear Pet

(NAME OF CUSTOMER)

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

To Treat Well  
As Follows: Lease Becker S/N 10 Well No. \_\_\_\_\_ Customer Order No. \_\_\_\_\_

Sec. Twp. \_\_\_\_\_ Range \_\_\_\_\_ County Hanover State Pa.

**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.

**Well Owner or Operator**

By \_\_\_\_\_

Agent

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 J. M. Copeland

Station 1998tan

Remarks *Sweezes* *few* *few* *few* *few*

**Well Owner, Operator or Agent**

**NET 30 DAYS**



## **TREATMENT REPORT**

Acid Stage No. Six

Date 7/28/14 District Benton F. O. No. .....  
 Company Gene Bet Well Name & No. Benton SWD  
 Location ..... Field .....  
 County Harney State K  
 Casing: Size ..... Type & Wt. ..... Set at ..... ft.  
 Formation: ..... Perf. ..... to ..... ft.  
 Formation: ..... Perf. ..... to ..... ft.  
 Formation: ..... Perf. ..... to ..... ft.  
 Liner: Size 4 1/2 Type & Wt. ..... Top at Surf. ft. Bottom at 3230 ft.  
 Cemented: Yes / No. ..... Perforated from ..... ft. to ..... ft.  
 Tubing: Size & Wt. ..... Swung at ..... ft.  
 Perforated from ..... ft. to ..... ft.  
 Open Hole Size ..... T.D. ..... ft. P.B. to ..... ft.

Type Treatment: Amt.	Type Fluid	Sand Size	Pounds of Sand
Bkdown.....	Bbl. /Gal. ....	.....	.....
.....	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.....	
<u>Actual Volume of Oil/Water to Load Hole:</u> <u>7 1/2</u> (Bbl) /Gal.			
Pump Trucks. No. Used: Std. <u>323</u>	Sp. ....	Twin.....	
Auxiliary Equipment <u>Bulk 323</u> <u>TT 133</u>			
Packer:.....	Set at.....	ft. ....	
Auxiliary Tools .....			
Plugging or Sealing Materials: Type. <u>300 secks 60-40-25a</u>			Gal. .... lb. ....

Company Representative

Treater Redger Yellow Wolf



## Cement Backside

FIELD  
ORDER N° C 42866

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

DATE Aug 6 20 14

IS AUTHORIZED BY: Debra Key NAME OF CUSTOMER:

(NAME OF CUSTOMER)

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

As Follows: Lease Perpetual Well No. SW1 Customer Order No. \_\_\_\_\_

Sec. Twp.  
Range \_\_\_\_\_ County Hanover State PA

**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.

**Well Owner or Operator**

—By.

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### Agent

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 John B.

Station Brulete

**Well Owner, Operator or Agent**

Remarks: NETT 20.000

**NET 30 DAYS**



## **TREATMENT REPORT**

Acid Stage No. ....

Date: <u>8-16-14</u>	District: <u>Bureau</u>	F. O. No. ....
Company: <u>Bear Pet</u>		
Well Name & No.: <u>Becker SWD</u>		
Location: ....	Field: <u>2</u>	.....
County: <u>Hanover</u>	State: <u>IL</u>	.....
.....		
Casing: Size.....	Type & Wt. ....	Set at..... ft.
Formation: .....	Perf. ....	to.....
Formation: .....	Perf. ....	to.....
Formation: .....	Perf. ....	to.....
Liner: Size: <u>12</u>	Type & Wt. ....	Top at..... ft. Bottom at..... ft.
Cemented: Yes/No. Perforated from..... ft. to..... ft.		
Tubing: Size & Wt. ....	Swung at.....	ft.
Perforated from..... ft. to..... ft.		
Open Hole Size.....	T.D. ....	ft. P.B. to..... ft.

Company Representative

Treater Dr. R. J. Treater