



Cement Surface

FIELD ORDER N° C 42812

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

DATE 9-22-14 20\_\_

IS AUTHORIZED BY: BEAR PETROLEUM  
(NAME OF CUSTOMER)

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

To Treat Well As Follows: Lease EBERHARDT Well No. 2-24 Customer Order No. \_\_\_\_\_

Sec. Twp. Range \_\_\_\_\_ County Burt 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	30	MILEAGE Pump truck	4 <sup>00</sup>	120 <sup>00</sup>
2	30	MILEAGE Pickup	2 <sup>00</sup>	60 <sup>00</sup>
2	1	PUMP CHARGE - SURFACE		1100 <sup>00</sup>
2	425	60/40 2%	10 <sup>00</sup>	4250 <sup>00</sup>
2	23	3% Pac Cement	30 <sup>00</sup>	690 <sup>00</sup>
2	1	8" x 8" Wood Plug	65 <sup>00</sup>	65 <sup>00</sup>
2	1	BAFFLE	105 <sup>00</sup>	105 <sup>00</sup>
2	448	Bulk Charge	125	560 <sup>00</sup>
2		Bulk Truck Miles <u>19.712 x 30 = 591.36 TR</u>	1 <sup>00</sup>	650 <sup>50</sup>
		Process License Fee on _____ Gallons		
		<b>TOTAL BILLING</b>		<b>7600<sup>50</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 Bronck

Station AB

Dice  
Well Owner, Operator or Agent

Remarks \_\_\_\_\_

**NET 30 DAYS**

