



FIELD ORDER N° C 42169

PA

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

DATE 2-5-15 20__

IS AUTHORIZED BY: BEAR PETROLEUM (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease STEFFAN Well No. A 1-8 Customer Order No. _____

Sec. Twp. Range _____ County PAWNEE 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	45	MILEAGE Pump Truck	4 ⁰⁰	180 ⁰⁰
2	45	MILEAGE Pickup	2 ⁰⁰	90 ⁰⁰
2	1	Plug Pump Charge		650 ⁰⁰
2	500	60/40 2%	10 ⁰⁰	5000 ⁰⁰
2	9	2% ADD GEL	22 ⁰⁰	198 ⁰⁰
2	509	Bulk Charge	125	636 ²⁵
2		Bulk Truck Miles $22.396 \times 45m = 1007.827m$	110	1108 ⁶⁰
		Process License Fee on _____ Gallons		
		TOTAL BILLING		7862⁸⁵

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 Stonden

Station GB

Dick
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS



FIELD ORDER N° C 42170

P+A

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

DATE 2-6-15 20__

IS AUTHORIZED BY: BEAR PETROLEUM
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease STEFFAN Well No. A 1-8 Customer Order No. _____

Sec. Twp. Range _____ County _____ State _____

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	45	MILEAGE Pump Truck	4.00	180.00
2	45	MILEAGE Pickup	2.00	90.00
2	1	Plug Pump Charge		650.00
2	25	60/40 2%	10.00	250.00
2	1	2% ADD Gec	22.00	22.00
2	26	Bulk Charge	32.50	150.00 min
2		Bulk Truck Miles $1.244 \text{ T} \times 45 \text{ m} = 51.98 \text{ Tm} \times 1.10 = 56.63$		150.00 min
		Process License Fee on _____ Gallons		
TOTAL BILLING				1492.00

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 Bruder

Station G13

Dick
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

