

## FIELD ORDER Nº C 41217

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

NOTE OF As a part of the consideration hanced it is agreed that Coupled Acid Service is to service or treat at owners risk, the hardwhofers mentioned well robbs hald table for any damage that the appearance of reatment. Copplaind Acid Service has made in or representations, express the service of the servicing or treating said well. The consideration of said service are reterment. Copplaind Acid Service has made in or representations, express the service of the servicing or treating said well. The consideration of said service ment is payable. These will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correct involving department in accordance with latest published price schedules.  SORDER MUST BE SCHED  ORE WORK IS COMMENCED  Well Owner or Operator  DESCRIPTION  DESCRIPTION  QUIT  Agent  CODE  QUANTITY  DESCRIPTION  QUIT  AMOUNT  QUIT  AMOUNT  QUIT  AMOUNT  QUIT  AMOUNT  QUIT  AMOUNT  QUIT  AMOUNT  QUIT  AGENT  AMOUNT  QUIT  AMOUNT  Agent  AGENT  AMOUNT  Agent  AGENT  AMOUNT  Agent  AGENT  AGENT  AMOUNT  Agent  AGENT  AMOUNT  Agent  AGENT  AMOUNT  AGEN			316-524-1225 DATE 5-5-5	_	20
Treat Well Follows: Lease Cobiers  Well No. Ly Customer Order No. C. Twp. Typ.  NOTTIONS: As a part of the condideration hereof it is agreed that Copeland Acid Service is to service or treated sowner site. The exemination awall to be held labels to any damage that may are on a well on the test labels on any damage that may are on a well on the test labels on any damage that may are on a well on the test labels on any damage that may are on a well on the test labels of the service of days. Total charges are subject to correct invoicing department in secondariate to be duly subnotized to sign this order for well owner or operator.  Scoppe MUST BE SCANED  Well Owner or Operator  DESCRIPTION  DESCRIPTION  Well Owner or Operator  By  Agent  CODE  QUANTITY  DESCRIPTION  DESCRIPTION  AMOUNT  2	AUTHORI	ZED BY: $\angle$			
Treat Well Pollows: Lease Cobbets Well No. 144 Customer Order No				State	
County State Do.  State LS  NOTIONS: As a part of the consideration hereoff it is agreed that Copelland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well a to be hold liable for any damage that may accrue in connection with said service or treatment. Copelland Acid Service has made no representation, expressible, and no representations have been relied on, as to what may be the results or offect of the servicing or treating said well. The consideration of said service mant is payable. There will be no discount allowed subsequent to such date. 8th interest will be charged after 60 days. Total charges are subject to correct the undersigned represents himself to be duly authorized to sign his order for well owner or operator.  SORDER MUST BE SIGNED ONE Wolf Owner or Operator  CODE QUANTITY  DESCRIPTION  DESCRIPTION  QUANTITY  DESCRIPTION  DESCRIPTION  UNIT AMOUNT  2 20 MUST AMOUNT  2 20 MUST AS FIGURE U.P.  2 10 GOLVES 2 GEV.  2 10 GOLVES 2					
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to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, express little, and no representations have been related on as to what may be the results or effect of the servicing or treating said well. The consideration of acid service interesting or treating said well. The consideration of acid service interest with be not discount allowed subsequent to such date. Six interest with be charged after 60 days. Total charges are subject to correct investigated representations with laster published price schedules. The undersigned represents himself to be duly authorized to algo this order for well owner or operator.  SORDER MUST BE SIGNED  ONE WORK IS COMMENCED  Wall Owner or Operator  By  Agent  CODE  QUANTITY  DESCRIPTION  UNIT  AMOUNT  CODE  QUANTITY  DESCRIPTION  UNIT  AMOUNT  CODE  AGENT  AMOUNT  CODE  AGENT  AGENT  AMOUNT  CODE  AGENT	ec. Twp. ange		County StAFFORD	_ State	55
CODE QUANTITY DESCRIPTION UNIT COST AMOUNT  2 20 MILEAGE FOUND TRULK 428 80°  2 10 MILEAGE FOUND TRULK 428 80°  2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	t to be held I plied, and no atment is pay r invoicing de	iable for any dan representations yable. There will epartment in acc	nage that may accrue in connection with said service or treatment. Copeland Acid Service has have been relied on, as to what may be the results or effect of the servicing or treating said well be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. To ordance with latest published price schedules.	made no repres	sentation, expresse ration of said servic
CODE QUANTITY DESCRIPTION UNIT AMOUNT  2 20 MULERGE FUND TRULK  2 10 MULERGE FUND TRULK  2 10 MULERGE FUND CHARGE  CODE  2 10 COMED 20 GEC  2 10 CEC 22 GEC  2 22 20 GEC  2 10 CEC 22 20 GEC  2 25 GEC  2 10 CEC 22 20 GEC  2 2 20 GEC  2 20 G			Well Owner or Operator	Agent	
2 20 MILERGE PUMP TRUCK 2 20 MILERGE PURP 2 40° 40° 40° 40° 40° 40° 40° 40° 40° 40°	- CODE	OLIANTITY		UNIT	AMOUNT
2 70 MUSAGE PICKUP 2 1 PRUS PUMP CHARGE  COPE 20 GET  2 100 GOPTO 20 GET 2 22 20 AND GET 2 100 GOPTO 20 GET 2 22 200 AND GET 2 22 200 AND GET 2 100 GOPTO 20 GET 2 22 200 AND GET 2 100 GOPTO 20 GET 2 22 200 AND GET 2 100 GOPTO 20 GET 2 200 AND GET 2 100 GOPTO 20 GET 2 200 AND GET 2				COST	0.9
2 10 60/40 2 06/4 2064 2064 22 66 22		20			
2 / Paus Pamp (************************************		Zo	MILEAGE PICKUP	$z^-$	
2 10 Get 22 220 20	2	/_	Pecis Pump CHARGE		650
2 10 Get 22 220 20	2	120	60/48 20/650	1075	127000
Bulk Charge  Bulk Charge  Bulk Truck Miles 5-852 + x 20 - 3/17.04 + m x / 3/1854 / 50 m / 150	2		200 ANN (251	2250	66
Process License Fee on	2			25.00	22099
Process License Fee on					
Process License Fee on					
Process License Fee on	2	133	Bulk Charge	125	1660
Process License Fee on	2		Bulk Truck Miles 5-852 + x 20117.04 +m x1-2824	1500m	15000
1 certify that the above material has been accepted and used; that the above service was performed in a good and workmank manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.  Copeland Representative  Station  Well Owner, Operator or Agent					
Copeland Representative  Station  Station  Remarks			TOTAL BILLING		266225
Remarks	manner Copeland	under the dire	ection, supervision and control of the owner, operator or his agent, whose signs of the control of the owner, operator or his agent, whose signs of the control of the owner, operator or his agent, whose signs of the control of the owner, operator or his agent, whose signs of the control of the owner, operator or his agent, whose signs of the control of the owner, operator or his agent, whose signs of the control of the owner, operator or his agent, whose signs of the control of the owner, operator or his agent, whose signs of the control of the owner, operator or his agent, whose signs of the control of the owner, operator or his agent, whose signs of the control of the owner, operator or his agent, whose signs of the control of th	gnature appe	and workmanlil ears below.
	Remarks		NET 30 DAYS		



## TREATMENT REPORT

Acid d	& Cement							Acid Stage No		
					Type Treatment:	Amt.	Type Fluid	Sand Size	Pound	s of Sand
Date 5	5/5/2015 p	istrict	F.O. N		Bkdown					
	LD DRILLING			- 40		Bbl./Gal.				
	& No. ROBERT	S 1-14		1 —						
Location Field					i					
	STAFFORD		State KS							
			_		4				No. ft.	
0	o: E 1/2	T 0 11/2		5-44 6			ft. to		No. ft.	
Casing:				Set atft.	from		ft, to		No. ft.	
Formation:			Perf				_ft. to	ft,	NO. II	
Formation:			Perf	to	Actual Volume of O	il / Water to Load H	ole:		A SUPER	Bbl./Gal.
Formation:			Perf	to						
Liner: Siz	eType &	Wt.	Top atft.	Bottom atft.	Pump Trucks. N	No. Used: Std.	320 Sp.		Twin _	
C	emented:	Perforated fr	om		Auxiliary Equipmen			327		
Tubing:	Size & Wt.		Swung at	ft.	Personnel JORDA	N AND SCOTT				_
	Perforated fr	om	ft. to	ft.	Auxiliary Tools					
					Plugging or Sealing	Materials: Type				
Open Hole	Size	T.D.	ft. P.							lb.
Company F	Representative		KELSC	)	Treater		BRANDO	ON		
TIME	PRES	SURES								
a.m./p.m.	Tubing	Casing	Total Fluid Pumped			REMARKS	•			
11:30				ON LOCATION						
11.50				OTT DO STATE OF						
				PUMP 10 SKS GE	I AND EO CH	/S 60/40 49/	AT 720'			
				LOIML TO 2K2 OF	L AND 30 3F	(3 00/40 476	, AT 720		_	_
				DUIL AD EQ CUC CO	740 400 4 T O					
				PUMP 50 SKS 60	1/40 4% AT 3	18U'				
								n.		
				CIRCULATE CEM	ENT TO SUR	FACE FROM	40' W/ 20 S	SKS		
				THANKS						
				BRANDON						
								77.00	7	
									100000	
					*				2/1	
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