



FIELD ORDER N° C 41217

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

DATE 5-5-58 20__

IS AUTHORIZED BY: LD DRILLING (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease ROBERTS Well No. 1-14 Customer Order No. _____

Sec. Twp. Range _____ County STAFFORD 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	20	MILEAGE PUMP TRUCK	4 ⁰⁰	80 ⁰⁰
2	20	MILEAGE PICKUP	2 ⁰⁰	40 ⁰⁰
2	1	PUMP PUMP CHARGE		650 ⁰⁰
2	120	60/40 2% GEL	10 ⁷⁵	1290 ⁰⁰
2	3	2% ADD GEL	22 ⁰⁰	66 ⁰⁰
2	10	GEL	22 ⁰⁰	220 ⁰⁰
2	133	Bulk Charge	125	166 ²⁵
2		Bulk Truck Miles $5.852 \times 20 = 117.04 \text{ TM} \times 1.28 = 150$	150 ⁰⁰	150 ⁰⁰
		Process License Fee on _____ Gallons		
		TOTAL BILLING		2662²⁵

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 Bronder

Station GB

KELSO
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

