

COPELAND

Acid & Cement

POST OFFICE BOX 438
HAYSVILLE, KS 67060
(316) 524-1225
(316) 524-1027 FAX

Invoice

Page: 1

BURRTON, KS GREAT BEND, KS
(620) 463-5161 (620) 793-3366
FAX (620) 463-2104 FAX (620) 793-3536

INVOICE NUMBER:
C41218-IN

BILL TO:
CARRIE EXPLORATION & DEV., LLC
210 WEST 22ND STREET
HAYS, KS 67601

LEASE: MAX WELLS C-2

Cement 5 1/2

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
05/14/2015	C41218		05/08/2015		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
20.00	MI	MILEAGE CEMENT PUMP TRUCK		0.00	4.00	80.00
20.00	MI	MILEAGE PICKUP TRUCK		0.00	2.00	40.00
1.00	EA	PUMP CHARGE - LONGSTRING		0.00	1,600.00	1,600.00
275.00	SK	60/40 POZ 2% GEL MIX		0.00	10.75	2,956.25
1,150.00	LB	FINE SALT		0.00	0.25	287.50
150.00	LB	C-47A		0.00	4.00	600.00
150.00	LB	C-41P		0.00	3.75	562.50
1,000.00	LB	GILSONITE		0.00	0.75	750.00
3.00	EACH	BASKET		0.00	155.00	465.00
7.00	EACH	CENTRALIZERS - TURBO		0.00	85.00	595.00
1.00	EACH	PORT COLLAR		0.00	1,900.00	1,900.00
1.00	EACH	FLOAT SHOE W/AUTO FILL		0.00	355.00	355.00
1.00	EACH	CATCH DOWN PLUG & BAFFLE		0.00	175.00	175.00
500.00	GAL	MUD FLUSH		0.00	0.75	375.00

Continued



FIELD ORDER N° C 41218

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

DATE 5-8-15 20

IS AUTHORIZED BY: CARRIE EXPLORATION
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease MAX WELLS Well No. C-2 Customer Order No. _____

Sec. Twp. Range _____ County ACE 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 _____ 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	LONGSTAMING Pump CHARGE		1600 ⁰⁰
2	275	60/40 2%	10 ⁷⁵	2956 ²⁵
2	1150 [#]	SALT	.25	287.50
2	150 [#]	C-47A	4 ⁰⁰	600 ⁰⁰
2	150 [#]	C-41P	3 ⁷⁵	562 ⁵⁰
2	1000 [#]	GARSONITE	.75	750 ⁰⁰
2	3	BASKETS	155 ⁰⁰	465 ⁰⁰
2	7	CENTRALIZERS - TURBO	85 ⁰⁰	595 ⁰⁰
2	1	PORT COLLAR	1900 ⁰⁰	1900 ⁰⁰
2	1	FLOAT SHOE W/ AUTO FILL	355 ⁰⁰	355 ⁰⁰
2	1	CATCH DOWN PLUG + BAFFLE	175 ⁰⁰	175 ⁰⁰
2	500	MUD FLUSH	.75	375 ⁰⁰
2	324	Bulk Charge	1 ²⁵	405 ⁰⁰
2		Bulk Truck Miles $14.256 \times 20m = 285.127m$	1 ¹⁰	313 ⁶⁵
		Process License Fee on _____ Gallons		
		TOTAL BILLING		11459⁸⁸

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 Bronclon

Station GB

RON
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

COPELAND

POST OFFICE BOX 438
 HAYSVILLE, KS 67060
 (316) 524-1225
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Invoice

Acid & Cement

BURRTON, KS (620) 463-5161
 GREAT BEND, KS (620) 793-3366
 FAX (620) 463-2104 FAX (620) 793-3536

INVOICE NUMBER:
C41216-IN

BILL TO:
CARRIE EXPLORATION & DEV., LLC
210 WEST 22ND STREET
HAYS, KS 67601

LEASE: **MAX WELLS C-2**

Cement Surface

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
05/14/2015	C41216		05/04/2015		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
20.00	MI	MILEAGE CEMENT PUMP TRUCK		0.00	4.00	80.00
20.00	MI	MILEAGE PICKUP TRUCK		0.00	2.00	40.00
1.00	EA	SURFACE PUMP CHARGE		0.00	1,100.00	1,100.00
200.00	SK	COMMON CEMENT		0.00	12.75	2,550.00
12.00	SK	3% CALCIUM CHLORIDE		0.00	30.00	360.00
212.00	EA	BULK CHARGE		0.00	1.25	265.00
199.28	MI	BULK TRUCK - TON MILES		0.00	1.10	219.21
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		Net Invoice: 4,614.21 RICCO Sales Tax: 78.65 Invoice Total: 4,692.86		
RECEIVED BY _____		NET 30 DAYS				

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days past due.

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

DATE 5-4-15 20__

IS AUTHORIZED BY: Carrie Exploration
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well _____
As Follows: Lease Max Wecks Well No. C-2 Customer Order No. _____

Sec. Twp. _____
Range _____ County Rice 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 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, ex 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 saic 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 cc 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	20	MILEAGE Pump Truck	4 ⁰⁰	80 ⁰⁰
2	20	MILEAGE pickup	2 ⁰⁰	40 ⁰⁰
2	1	SURFACE Pump Charge		1100
2	200	COMMON	12 ²⁵	2450
2	12	3% PAC CHLORIDE	30 ⁰⁰	360
2	212	Bulk Charge	125	26500
2		Bulk Truck Miles <u>9.964T x 20m = 199.28Tm</u>	110	21921.6
		Process License Fee on _____ Gallons		
TOTAL BILLING				4614

I certify that the above material has been accepted and used; that the above service was performed in a good and workm manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative Brendan

Station _____

RON
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

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