



FIELD ORDER N^o C 41321

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

DATE 7-15-15 20

IS AUTHORIZED BY: LP Drilling (NAME OF CUSTOMER)
 Address _____ City _____ State _____
 To Treat Well As Follows: Lease Weaver Well No. 1 Customer Order No. _____
 Sec. Twp. Range _____ County Barton 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	10	Mileage Pump Truck	4 ⁰⁰	40 ⁰⁰
2	10	Mileage Pickup	2 ⁰⁰	20 ⁰⁰
2	1	Pump Pump Charge		650 ⁰⁰
2	190	60/40 2%	10 ⁷⁵	2042 ⁵⁰
2	4	2% add Gel	22 ⁰⁰	88 ⁰⁰
2	194	Bulk Charge	125	242 ⁰⁰
2		Bulk Truck Miles $8.536 \times 10 \text{ m} = 85.36 \text{ miles} \times 1.75 = 149.37$	150 ⁰⁰	150 ⁰⁰
		Process License Fee on _____ Gallons		
TOTAL BILLING				3233 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 Brandon
 Station GB

Kelso
 Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

