

SWIFT



Services, Inc.

P. O. Box 466
Ness City, KS 67560
Off: 785-798-2300



Invoice

DATE	INVOICE #
6/24/2015	28559

BILL TO
Carmen Schmitt, Inc. P. O. Box 47 915 Harrison Great Bend, KS 67530-0047

- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#1-W	Holy Cross	Rooks	DS&W Well Servi...	SWD	Workover	Cement 4-1/2" Li...	Blaine
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
575W	Mileage - 1 Way				30	Miles	5.00	150.00T
578W-D	Pump Charge - Liner				1	Job	1,250.00	1,250.00T
330	Swift Multi-Density Standard (MIDCON II)				250	Sacks	15.75	3,937.50T
290	D-Air				2	Gallon(s)	42.00	84.00T
410-4	4 1/2" Top Plug				1	Each	65.00	65.00T
418-4	4 1/2" Weld-On Flush Joint Float Shoe				1	Each	300.00	300.00T
581W	Service Charge Cement				250	Sacks	1.50	375.00T
583W	Drayage				744.45	Ton Miles	0.75	558.34T
	Subtotal							6,719.84
	SWD &/Or Injection Well, Exempt From Sales Tax						0.00%	0.00

7/14/
12360.0001
Well file
Cement 4 1/2"

Thank You For Your Business!

Total

\$6,719.84



TICKET 28559

PAGE 1 OF 1

CHARGE TO: Carmen Schwartz
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

WELL PROJECT NO. 1-W CONTRACTOR Holy Cross COUNTY/PARISH Rooks STATE KS CITY Plainville DATE 29 April 15 OWNER _____
 TICKET TYPE SERVICE SALES DELIVERED TO _____ ORDER NO. _____
 WELL TYPE SWD WELL CATEGORY PSW WELL PURPOSE cement 1/2 line inside 5E SHIPPED VIA ET WELL LOCATION _____
 INVOICE INSTRUCTIONS _____

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT							
575		1					30 mi		5.00	1500.00
578		1					1 ea		1250.00	1250.00
330		1					200 sk		1575.39	3150.78
290		1					2 gal		42.00	84.00
410		1					1/2"	1 ea	65.00	65.00
416		1					1/2" in	1 ea	300.00	300.00
381		1					200 sk		1.50	300.00
383		1					246.5 lb	744.45 TB	0.75	558.34

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY**, and **LIMITED WARRANTY** provisions.
 LIMITED WARRANTY provisions.
 MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

DATE SIGNED: _____ TIME SIGNED: _____
 A.M. P.M.
 CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: _____ APPROVAL: _____

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?
 WE UNDERSTOOD AND MET YOUR NEEDS?
 OUR SERVICE WAS PERFORMED WITHOUT DELAY?
 WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?
 ARE YOU SATISFIED WITH OUR SERVICE?
 YES NO

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?
 WE UNDERSTOOD AND MET YOUR NEEDS?
 OUR SERVICE WAS PERFORMED WITHOUT DELAY?
 WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?
 ARE YOU SATISFIED WITH OUR SERVICE?
 YES NO

PAGE TOTAL 6719.84
 TAX SWD for
 Total 6719.84

SWIFT OPERATOR: _____
 CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: _____
 APPROVAL: _____
 Thank You!

