



FIELD ORDER N° C43209

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

DATE 9-9-15 9-10-15 20

IS AUTHORIZED BY: Bee Petroleum (NAME OF CUSTOMER)
 Address _____ City _____ State _____
 To Treat Well As Follows: Lease Bartone k Well No. 20-13-2 Customer Order No. _____
 Sec. Twp. Range _____ County Pennec 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	5	milease pump truck	4. ⁰⁰	20. ⁰⁰
2	5	milease pickup	2. ⁰⁰	10. ⁰⁰
2	1	Pump Charge-Plus		650. ⁰⁰
2	25	60/40 per. 2% sol.	10. ⁷⁵	268. ⁷⁵
2	1	2% add. sol.	22. ⁰⁰	22. ⁰⁰
2	100 th	Hulls	40	40. ⁰⁰
		9-10-15		
2	1	Pump Charge-Plus		650. ⁰⁰
2	240	60/40 per. 2% sol.	10. ⁷⁵	2,580. ⁰⁰
2	5	2% add. sol.	22. ⁰⁰	110. ⁰⁰
2	271	Bulk Charge	1. ²⁵	338. ⁷⁵
2		Bulk Truck Miles 12.14 T x 5m = 60.7 Tm x 1. ¹⁹	min.	150. ⁰⁰
Process License Fee on _____ Gallons				
TOTAL BILLING				4,839.⁵⁰

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 Notman W.

Station G.O.

Dick S.
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

TREATMENT REPORT

Acid Stage No. _____

Date 9/10/2015 District G.B. F.O. No. C43209
 Company Bear Petroleum
 Well Name & No. Bartonek 20-13-2
 Location _____ Field _____
 County Pawnee State KS

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand
 Bkdown _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 Flush _____ Bbl./Gal. _____

Casing: Size 5.5" Type & Wt. _____ Set at _____ ft.
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Liner: Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.
 Cemented: Yes No Perforated from _____ ft. to _____ ft.
 Tubing: Size & Wt. _____ Swung at _____ ft.
 Perforated from _____ ft. to _____ ft.
 Open Hole Size _____ T.D. _____ ft. P.B. to _____ ft.

Treated from _____ ft. to _____ ft. No. ft. 0
 from _____ ft. to _____ ft. No. ft. 0
 from _____ ft. to _____ ft. No. ft. 0
 Actual Volume of Oil / Water to Load Hole: _____ Bbl./Gal.
 Pump Trucks. No. Used: Std. 365 Sp. _____ Twin _____
 Auxiliary Equipment 145/265 360/310
 Personnel Nathan Jordan Scott Brqndon
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type _____ Gals. _____ lb.

Company Representative Dick S. Treater Nathan W.

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
2:30		5.5"		9/9/15 On Location. Well had tubing head on casing. Attempt to break head loose. Would not come loose. Got torch from Wade and cut head loose.
				Tie on 5.5" casing. Pump 20bbbls of water and 25sks 60/40poz 4%gel with 100# Hulls.
				Displace to 4050' at 1bpm-2500#
				9/10/2015
				Perf-1354' Mix 30sks 60/40poz 4%gel and displace to 1200' Wait 1 hour and did not tag plug. Mix 50sks and tag at 1300'
				Perf-519' Break circulation with water. Mix 160sks 60/40poz 4%gel. Circulated cement to surface.
				Thank You!
				Nathan W.