

COPELAND

Acid & Cement

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

Invoice

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

INVOICE NUMBER:
C43199-IN

BILL TO:
CARMEN SCHMITT, INC.
P.O. BOX 47
GREAT BEND, KS 67530

LEASE: FRONTIER LEASE

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
11/13/2015	C43199		11/10/2015		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
45.00	MI	MILEAGE CEMENT PUMP TRUCK		0.00	4.00	180.00
45.00	MI	MILEAGE PICKUP TRUCK		0.00	2.00	90.00
1.00	EA	CEMENT PUMP CHARGE - PLUG		0.00	650.00	650.00
230.00	SK	60/40 POZ 2% GEL MIX		0.00	10.75	2,472.50
4.00	SK	2% ADDITIONAL GEL		0.00	22.00	88.00
300.00	LB	COTTONSEED HULLS		0.00	0.40	120.00
240.00	EA	BULK CHARGE		0.00	1.25	300.00
594.00	MI	BULK TRUCK - TON MILES		0.00	1.10	653.40
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice:		4,553.90
RECEIVED BY _____		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		LANCO Sales Tax:		48.75
		NET 30 DAYS		Invoice Total:		4,602.65

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

Copeland Acid & Cement is a subsidiary of Gressel Oil Field Service

Gressel Oil Field Service reserves a security interest in the goods sold until the same are paid for in full and reserve all the rights of a secured party under the Uniform Commercial Code.



FIELD ORDER Nº C 43199

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

DATE 11-10-15 2015

IS AUTHORIZED BY: Carmen Schmitt (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Frontier lease Well No. 2 Customer Order No. _____

Sec. Twp. Range _____ County Leone 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

Well Owner or Operator

Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
2	45	Milage Pump Truck	4.00	180.00
2	45	Milage Pickup	2.00	90.00
2	1	Plug Pump Charge		650.00
				2472.50
2	230	60/40 2% gel	10.25	2357.50
2	4	2% add gel	22.00	88.00
2	300 #	hulls	.40	120.00
				300.00
2	240	Bulk Charge	120.25	28860.00
2		Bulk Truck Miles $13.2 \times 45m = 594m$	1.10	653.40
		Process License Fee on _____ Gallons		653.40
TOTAL BILLING				6000.00

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 Bronson

Station G13

Curtis
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

4553-90

