

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)

INVOICE NUMBER:
C43620-IN

BILL TO:

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

LEASE: JOST 1-29

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
01/14/2016	C43620		01/12/2016		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
30.00	MI	MILEAGE CEMENT PUMP TRUCK		15.00	4.00	102.00
30.00	MI	MILEAGE PICKUP TRUCK		15.00	2.00	51.00
1.00	EA	CEMENT PUMP CHARGE - SURFACE		15.00	1,100.00	935.00
165.00	SK	60/40 POZ 2% GEL MIX		15.00	10.75	1,507.69
9.00	SK	CALCIUM CHLORIDE		15.00	30.00	229.50
1.00	EA	WOOD - PLUG		15.00	65.00	55.25
174.00	EA	BULK CHARGE		15.00	1.25	184.88
224.70	MI	BULK TRUCK - TON MILES		15.00	1.10	210.09
		<i>710/43</i> <i>19039.0129</i> <i>Well Rite</i> <i>Surface Cement</i>				
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: 3,275.41 MANCO Sales Tax: 74.80 Invoice Total: 3,350.21		
RECEIVED BY _____		NET 30 DAYS				

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 N° C 43620

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

DATE 1-12-16 20__

IS AUTHORIZED BY: Casper Schmitt (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Just Well No. 1-29 Customer Order No. _____

Sec. Twp. Range _____ County Maion 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 _____
Well Owner or Operator Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
2	30	mileage pump truck	4. ^{00/}	120. ^{00/}
2	30	mileage pickup	2. ^{00/}	60. ^{00/}
2	1	Pump Charge - Surface		1,100. ^{00/}
2	165	60/40 per. 2% gel	10. ^{75/}	1,775. ^{75/}
2	9	Calcium Chloride	30. ^{00/}	270. ^{00/}
2	1	Wood - Plug		65. ^{00/}
2	174	Bulk Charge	1. ^{25/}	217. ^{50/}
2		Bulk Truck Miles $7.49 T \times 30 = 224.7 Tm \times 1.10/$	1. ^{19/}	247. ^{17/}
		Process License Fee on _____ Gallons		3,853. ^{42/}
		TOTAL BILLING	15% Discount	578.^{01/}

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 Nathan W.

\$ 3,275.41

Station G.S.

Math S.

Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

