

FIELD ORDER Nº C 37446

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

			310-324	-1223	DATE Feb	VI.	aa \/
					DATE TEN	16	20_1/
IS AUTHOR	IZED BY:	Benz Par					
				CUSTOMER)			
			_ City			State	
To Treat Well As Follows:	Lease S	toback	Well No.	6	Custome	er Order No	
Sec. Twp. Range			County _	Cowley		State	ks
CONDITIONS: not to be held I implied, and no treatment is pa our invoicing do	As a part of the liable for any da representations yable. There will epartment in accordance in acco	consideration hereof it is agreed that Cop mage that may accrue in connection with s have been relied on, as to what may be il be no discount allowed subsequent to su cordance with latest published price sched s himself to be duly authorized to sign this	eland Acid S said service the results o ich date. 6% fules.	Service is to service or treatment. Co or effect of the ser 6 interest will be o	be or treat at owners ri- opeland Acid Service h vicing or treating said charged after 60 days.	sk, the hereinbefor has made no repre well. The conside	re mentioned well and in sentation, expressed of tration of said service of
	UST BE SIGNED IS COMMENCED)			By	· · · · · · · · · · · · · · · · · · ·	
	T	Well Owner or	Operator			Agent	
CODE	QUANTITY		DESCRI	PTION		COST	AMOUNT
	\	Purp chy for plu	7				6500
	\	Poly pails 85	و و				3.50 00
	155 sal	60-40-4% Poz	1125	Sock.			17435
	20th	Halls 40t Lb.					800
	30mil	+ Y3 ed of mily C1	100/	into (9)	Omiles total		1200
		, — — — — — — — — — — — — — — — — — — —					
:							
				2			

				10.00	19-31140000		
	\	0,25/					100 75
	155 sul	Bulk Charge Serel	- 1	**			193 -
	C13 80	Bulk Truck Miles \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	mit	٥	- 11		6.16
		Process License Fee on			allons		
					OTAL BILLING		
		e material has been accepted and ection, supervision and control of					
Copeland	Representativ	10 Jay 14/					
Station	BURRY	ton /					
Remarks_	Plan	120 1145			Well Owner, Oper	ator or Agent	4
nemarks_	- mg	1110	NET 30	DAYS			



TREATMENT REPORT

Type Treatment: Amt.

Acid Stage No.

Sand Size l'ounds of Sand

Type Fluid

_	^	() (
Company	Bear	* CD			Bbl. /Gal					
Well Name &	No. Sterk	sech C	2		Bbl./Gal					
Location			Field		Bbl. /Gal					
County Co	swlez		State /	Flush	Bbl. /Gal					
	7			Treuted	Treated from					
Casing: Sixe	53	Type & Wt		Set at	fromft. toft. No. ft					
Formation:			Perf	to	from					
Formation:	· · · · · · · · · · · · · · · · · · ·		Perf							
Formation:			Perf			3 BB /Cul				
Liner: Size	Type & W	/t	Top atf	Bottom atft. Pump T	Pump Trucks. No. Used: Std. 323 Sp. Twin. Auxiliary Equipment Bid & 300					
Cem	nented: Yes/No	. Perforated fr	om	ft. toft. Auxiliar						
				ft. Packer:	Packer: Set at 1					
				ft. Auxiliar	y Tools toly they has					
				Plugging	or Sealing Materials: Type 1553	crebs 60-40-450				
then Hole Six	k	т. р.	ft. P.	l. 10		Gals. Ib.				
					V. 201					
Company I	Representativ			Treat	er My Uy					
TIME		SURES	Total Fluid Pumped		REMARKS					
a.m /p.m.	Tubing	Casing	Pumped							
11:00				KG MA PUN	Pohy pige to 250					
h :10			0	Stoot Mixu	con down hole 5	Tsick Slykns				
:			3 BM	Break circo en	18	ď				
N:45	,		RIRBI	Correct Onest t	Suplaces 155 scales	- Cour				
:				pull soly out -	too off took do	(NZ)				
:				1						
:				Plm ant N:4	5 go after more	canand				
:				7	2	1				
:										
:										
:										
:										
:										
:										
:										
:										
:										
:										
:										
:										
:										
:										
:										
:										
:										
:										
:										
:										
:										
:										
:										
:										
:										
:										