



FIELD ORDER N° C 44097

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

DATE April 25 2016

IS AUTHORIZED BY: Ressler Well Service  
(NAME OF CUSTOMER)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

To Treat Well As Follows: Lease HORN Well No. A1 Customer Order No. \_\_\_\_\_

Sec. Twp. Range \_\_\_\_\_ County Harvey 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

Well Owner or Operator

By

Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	1	Pump Chgs for plug job		650 <sup>00</sup>
	3 Bags	Calcium Chloride 30 <sup>00</sup> sack		90 <sup>00</sup>
	35 sacks	Class A Com. @ 12 <sup>75</sup> /sack Bottoms Plug		446 <sup>25</sup>
	35 sacks	60-40-4% Poz @ 11 <sup>25</sup> 537' Plug		393 <sup>75</sup>
	155 sacks	60-40-4% Poz @ 11 <sup>25</sup> 300' to surface		1743 <sup>75</sup>
	26 sacks	60-40-4% Poz @ 11 <sup>25</sup> /sack try top off.		292 <sup>50</sup>
		lembis 1 way Pump truck mileage @ 4 <sup>00</sup> /mile		24 <sup>00</sup>
	257 <sup>00</sup>	Bulk Charge @ 1 <sup>25</sup> sack		321 <sup>75</sup>
	67 <sup>00</sup>	Bulk Truck Miles min chgs 15 <sup>00</sup>		150 <sup>00</sup>
		Process License Fee on _____ Gallons		
		<b>TOTAL BILLING</b>		

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 [Signature]

Station BURTON

Remarks Plug out @ 1:30

Well Owner, Operator or Agent

NET 30 DAYS



