COPELAND
Acid & Cement

FIELD ORDER № C 44235

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

DATE 9 – 1 20 16

IS AUTHORIZED BY: L. D. Drilling Inc. (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Hejny Well No. 1-23 Customer Order No. _____

Sec. Twp. Range 23-16s-15w County Barton 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
2	25	Mileage Pickup	2.00	50.00
2	25	Mileage Pump Truck	4.00	100.00
2	1	Pump Chg Plug	650.00	650.00
2	300 sx	60-40 Poz 4% Gel	10.75	3225.00
2	5 sx	Gel	22.00	110.00
2	8 sx	Hulls 400#	.40	160.00
2	313 sx	Bulk Charge	1.25	391.25
2	25	Bulk Truck Miles 13.95 x 25 = 348.75 x 1.10 =		383.63
		Process License Fee on _____ Gallons		
		TOTAL BILLING		5069.88

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.

-15% 760.49
$ 4309.39

Copeland Representative Duane Prozek

Station Gt. Bend, Ks. Jamie Harris Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

COPELAND Acid & Cement

TREATMENT REPORT

Acid Stage No. _____

Date 9/1/2016 District GREAT BEND KS. F.O. No. 44235

Company L. D. DRILLING INC.

Well Name & No. HEJNY 1-23

Location 23-16S-15W Field

County BARTON ST KANSAS

Casing: Size 5 1/2 Type & Wt. _____ Set at 3571" ft.

Formation: _____ Perf. _____ to _____

Formation: _____ Perf. _____ to _____

Formation: _____ Perf. _____ to _____

Liner: Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.

Cemented: _____ 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.

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

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 327

Personnel GREG TIM

#NAME?

Plugging or Sealing Materials: Type _____

_____ Gals. _____ lb.

Company Representative JAMIE HARRIS Treater DUANE

TIME a.m./p.m.	PRESSURES Tubing	PRESSURES Casing	Total Fluid Pumped	REMARKS
1000AM				ON LOC
1015AM			0	FIRST PLUG 1450' WITH 125SX 60-40 POZ 4% GEL 200LBS HULLS
			31.83 BBLS	CMT MIXED
			0	START DISPLACEMENT
1030AM			18BBLS	DISPLACEMENT IN
1100AM			O	SECOND PLUG 1000' WITH 50SX 60-40 POZ 4% GEL 100LBS HULLS
			12.73 BBLS	CMT MIXED
			0	START DISPLACEMENT
1115AM			10 BBLS	DISPLACEMENT IN
1130AM			0	THIRD PLUG 600' WITH 50SX 60-40 POZ 4% GEL 100LBS HULLS
			12.73BBLS	CMT MIXED
			0	START DISPLACEMENT
1145AM			2BBLS	DISPLACEMENT IN
1200PM			0	CEMENT FROM 300' TO SURFACE WITH 75SX 60-40 POZ 4% GEL
1215PM			19.10BBLS	GOOD RETURNS TO SURFACE
				JOB COMPLETE
				THANK YOU