

COPELAND

Acid & Cement

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

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

Invoice

Page: 1

INVOICE NUMBER:
C44253-IN

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

LEASE: CEO TRUST 1-14

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
09/15/2016	C44253		09/03/2016		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
50.00	MI	MILEAGE CEMENT PUMP TRUCK		20.00	4.00	160.00
50.00	MI	MILEAGE PICKUP TRUCK		20.00	2.00	80.00
1.00	EA	CEMENT PUMP CHARGE - SURFACE		20.00	1,100.00	880.00
175.00	SK	60/40 POZ 2% GEL MIX		20.00	10.75	1,505.00
10.00	SK	CALCIUM CHLORIDE		20.00	30.00	240.00
185.00	EA	BULK CHARGE		20.00	1.25	185.00
397.50	MI	BULK TRUCK - TON MILES		20.00	1.10	349.80
		<i>710/43</i> <i>79093 0114</i> <i>Well file</i> <i>Surface Cement</i>				
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice:		3,399.80
		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		GOVCO Sales Tax:		74.80
RECEIVED BY		NET 30 DAYS		Invoice Total:		3,474.60

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 44253

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

DATE 9-3-16 20__

IS AUTHORIZED BY: Carmen Schnitt (NAME OF CUSTOMER)
 Address _____ City _____ State _____
 To Treat Well _____
 As Follows: Lease CEO Trust Well No. 1-14 Customer Order No. _____
 Sec. Twp. _____
 Range _____ County Gove 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	50	mileesc pump truck	4. ^{00/1}	200. ^{00/1}
2	50	mileesc pickup	2. ^{00/1}	100. ^{00/1}
2	1	Pump Charge - surface		1,100. ^{00/1}
2	175	60/40 per. 2% sol.	10. ^{75/1}	1,841. ^{25/1}
2	10	Calcium Chloride	30. ^{00/1}	300. ^{00/1}
2	185	Bulk Charge	1. ^{25/1}	231. ^{25/1}
2		Bulk Truck Miles 7.95 T x 50 = 397.5 Tm x 1. ^{10/1}	1. ^{10/1}	437. ^{25/1}
		Process License Fee on _____ Gallons		4,249. ^{75/1}
TOTAL BILLING			20%	849.95

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.

3,399.80

Station G-B

Met S.
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

