

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:
C44304-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	
09/27/2016	C44304		09/11/2016		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
1.00	EA	PUMP CHARGE - ROTARY PLUG		20.00	1,100.00	880.00
255.00	SK	60/40 POZ 2% GEL MIX		20.00	10.75	2,193.00
75.00	LB	FLOW-SEAL		20.00	3.00	180.00
5.00	SK	2% ADDITIONAL GEL		20.00	22.00	88.00
1.00	EA	WOODEN PLUG		20.00	65.00	52.00
260.00	EA	BULK CHARGE		20.00	1.25	260.00
583.00	MI	BULK TRUCK - TON MILES		20.00	1.10	513.04
		<i>7/10/43</i> <i>19093.0114</i> <i>Well File</i> <i>Plug Well Cement</i>				
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice:		4,326.04
		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:		<u><u>4,400.84</u></u>

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 44304

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

DATE 9/11 2016

IS AUTHORIZED BY: CARMEN SCHMIDT
(NAME OF CUSTOMER)

Address _____ City _____ State _____
To Treat Well As Follows: Lease CEO Trust Well No. 1-14 Customer Order No. _____
Sec. Twp. Range 14-14-26 County GOVELL County 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 miles	Pump Truck	4.00	200.00
2	1	Rotary Plug		1100.00
2	255	sacks 60/40 2%	10.75	2741.25
2		75# Flow Seal	3.00	225.00
2		5 bag 2% Add Gel	22.00	110.00
2	1	Wooden Plug	65.00	65.00
2	260	Bulk Charge	1.25	325.00
2		Bulk Truck Miles $11.66 \times 50 \text{ miles} = 583 \text{ ton} \times$	1.10	641.30
		Process License Fee on _____ Gallons		
TOTAL BILLING				5407.55

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] 20% 1081.51
Station GB MAT Suckey #4326.04
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

