



FIELD ORDER N° C 44145

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

DATE 8-1 2016

IS AUTHORIZED BY: Bear Petroleum
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease PETERSON C Well No. #1 Customer Order No. _____

Sec. Twp. Range 4-20s-9W County Rice 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 | 23 | Mileage Pump Truck | 4.00 | 92.00 |
| 2 | 23 | Mileage Pickup | 2.00 | 46.00 |
| 2 | 1 | Pump Chg. | 650.00 | 650.00 |
| 2 | 245sx | 60-40 POZ 4% Gel | 10.75 | 2633.75 |
| 2 | 2sx | Hulls (50lb sacks) | .40 | 40.00 |
| 2 | 4sx | Gel | 22.00 | 88.00 |
| 2 | 6sx | Calcium Chloride | 30.00 | 180.00 |
| 2 | 257 | Bulk Charge | 1.25 | 321.25 |
| 2 | 23 | Bulk Truck Miles $11.057 \times 23 = 254.311 \times$ | 1.10 | 279.74 |
| | | Process License Fee on _____ Gallons | | 4330.74 |
| TOTAL BILLING | | | | |

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 Duane Brozek

Station Gr. Bend

JAMIE HARRIS
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

TREATMENT REPORT

Acid Stage No. _____

Date 8/1/2016 District GREAT BEND F.O. No. 44145
 Company BEAR PETROLEUM
 Well Name & No. PETERSON C #1
 Location 4-20S-9W Field _____
 County RICE ST KANSAS

Casing: Size 5 1/2" Type & Wt. _____ Set at _____ 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. 2 7/8 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. 320 Sp. _____ Twin _____
 Auxiliary Equipment 367-308
 Personnel GREG MIKE
 Auxiliary Tools _____

Plugging or Sealing Materials: Type _____
 _____ Gals. _____ lb.

Company Representative JAMIE HARRIS Treater DUANE

| TIME | PRESSURES | | Total Fluid Pumped | REMARKS |
|-------|-----------|--------|--------------------|---|
| | Tubing | Casing | | |
| 800AM | | | | ON LOC |
| 830AM | | | | FIRST PLUG 35SX 60-40 POZ 4% GEL AT 2900' <i>w/ 25x Hulls</i> |
| | | | | SECOND PLUG 35SX 60-40 POZ 4% GEL AT 1150' |
| | | | | DIDN'T TAG PLUG AT 1150' |
| | | | | MIX ANOTHER 35SX PLUG 60-40POZ 4% GEL AT 1150' |
| | | | | PLUG WAS OK |
| | | | | THIRD PLUG 35SX 60-40POZ 4% GEL AT 750' |
| | | | | PLUG AT 300' TO SURFACE WITH 100SZ 60-40POZ 4%GEL |
| | | | | GOOD CMT TO SURFACE |
| | | | | TOP OFF 51/2" CSG WITH 5 SX 60-40POZ 4% GEL |
| | | | | JOB COMPLETE |
| 445PM | | | | THANK YOU |