

ORDER Nº C 44801

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

| | | | 316-524 | -1225 | DATE July | 13 | 20_)(_ |
|---|---|--|--|---|--|---|--|
| | | ο Λ | | | DATE | 13 | 20 |
| IS AUTHOR | IZED BY: | Bear to | C (NAME OF | CUSTOMER) | | | |
| Address | | | City | | | State | |
| | | | (25) | | | | |
| As Follows: | Lease | WR+ | Well No. | 1-14 | Customer | Order No | |
| Sec. Twp. | | | Country | Hay. 121. | | State X | |
| Range | | | | | | | |
| not to be held implied, and no treatment is pa our invoicing d | liable for any da prepresentations yable. There wil epartment in acc | consideration hereof it is ag mage that may accrue in co s have been relied on, as to il be no discount allowed su cordance with latest publish s himself to be duly authoriz | onnection with said service what may be the results of bsequent to such date. 69 led price schedules. | e or treatment. Cor effect of the ser interest will be o | opeland Acid Service ha vicing or treating said w charged after 60 days. T | s made no represe ell. The considera | entation, expressed o ition of said service o |
| | UST BE SIGNED |) | | | By | | |
| | | | Well Owner or Operator | | | Agent | |
| CODE | QUANTITY | | DESCRI | PTION | | COST | AMOUNT |
| | \ | Puno chi | for liner | | | | 950 00 |
| | 5 and | Punp chy | elucar C-37 | @ 2750 | /crx/ | | 137 50 |
| | IHOSON | (20-40-75 | 20 Poz 0 107 | 157 ecol | 0 | | 1505 |
| | 1 | | | 1 3000 | | | 60 900 |
| | 9 1 | 12 wifes | plus in | 16 | | | 00 == |
| | 7 wike | . Two mia | 7 | | | | 0 |
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| | | (Q) 1 | 1 | | | | 80 |
| | 14030 | Bulk Charge | Back. | | | 175 | <u>. </u> |
| | 1213 | Bulk Truck Miles | min chyr | | | | 150 = |
| | | Process Lic | ense Fee on | G | allons | | |
| | | | | 7 | OTAL BILLING | | |
| Loortify | hat the above | e material has been a | acontod and used: th | | | ad in a good or | nd workmanlike |
| manner | | ection, supervision and | | | | | |
| Station | 12 | (VPO) | • | | | | |
| GIALIUII | | | | 8 | Well Owner, Operat | or or Agent | |
| Remarks | | | METAA | DAVO | | | |
| | | | NET 30 | DAYS | | | |



TREATMENT REPORT

Acid Stage No.

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand Date 7-13-16 District Bushow F. O. No. Bkdown Bbl. /Gal.Bbl. /Gal. Shoer _____Bbl. /Gal. _____ _____Bbl. /Gal.Bbl. /Gal. Flush County..... from ft. to ft. No. ft. Formation: Perf to Liner: Size 12 Type & Wt. Top at Success Bottom at \$255ft. Pump Trucks. No. Used: Std. 323 Auxiliary Equipment Bulk 322 Cemented: Yes/No. Perforated from......ft. to......ft. Tubing: Size & Wt. Swung at. Auxiliary Tools Plus Laurcher.
Plugging or Sealing Materials: Type 140 Souls Perforated from.....ft. to... T. D. .. .ft. P.B. to.. Ohen Hole Size Treater. Company Representative PRESSURES REMARKS Total Fluid Pumped TIME a.m (p.m) Tubing Casing 00: L 00:00 45 1500 :0 × 000 6) 5888 800 : 30 6001 408 1000 20 BB 1000 3580 500 :45 Voc 500 1988 507 100 RP 39 BB2 cemen un 1300 2000 4588 2200 50 BB1 2600 53 BB dow to 15