

COPELAND

Acid & Cement

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

Invoice

Page: 1

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

INVOICE NUMBER:
C44364-IN

BILL TO:
**CARRIE EXPLORATION
 & DEVELOPMENT, LLC
 1611 COPPER CREEK CT.
 HAYS, KS 67601**

C

LEASE: BOB THOMAS C-2

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
10/31/2016	C44364		10/20/2016		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
20.00	MI	MILEAGE CEMENT PUMP TRUCK		20.00	4.00	64.00
20.00	MI	MILEAGE PICKUP TRUCK		20.00	2.00	32.00
1.00	EA	CEMENT PUMP CHARGE - SURFACE		20.00	1,100.00	880.00
225.00	SK	60/40 POZ 2% GEL MIX		20.00	10.75	1,935.00
12.00	SK	CALCIUM CHLORIDE		20.00	30.00	288.00
237.00	EA	BULK CHARGE		20.00	1.25	237.00
204.00	MI	BULK TRUCK - TON MILES		20.00	1.10	179.52
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice: 3,615.52		
		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		BATCO Sales Tax: 66.00		
RECEIVED BY		NET 30 DAYS		Invoice Total:		3,681.52

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days pas



FIELD ORDER N° C 44364

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

DATE 10/00/16 20__

IS AUTHORIZED BY: Carrie Exploration (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well _____ Well No. C-2 Customer Order No. _____
As Follows: Lease Bob Trance

Sec. Twp. _____ County Benton State KS
Range _____

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 _____ Agent
Well Owner or Operator

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
2	20	nibesc pump truck	4. ⁰⁰	80. ⁰⁰
2	20	nibesc pickup	2. ⁰⁰	40. ⁰⁰
2	1	Pump Charge - Surface		1,100. ⁰⁰
2	225	60/40 psi 2% sol.	10. ⁷⁵	2,418. ⁷⁵
2	12	Calcium Chloride	30. ⁰⁰	360. ⁰⁰
2	237	Bulk Charge	1. ²⁵	296. ²⁵
2		Bulk Truck Miles 10.20 T x 20 = 204 Tm x 1. ¹⁰	1. ¹⁰	224. ⁰⁰
		Process License Fee on _____ Gallons		4,519.40
		TOTAL BILLING	20%	903.88

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.

Copeland Representative Nether W.

Station G.A.

~~3615.52~~
3615.52
Ron H.
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

