



FIELD ORDER N° C 44853

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

DATE Nov 29 30 20 16

IS AUTHORIZED BY: Bear Per (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Dametz Well No. 1 Customer Order No. _____

Sec. Twp. _____ Range _____ County Burrton 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 _____ Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
		11-29-16		
	1	Pump chgs for Plug Job		650 ⁰⁰
	50 sacks	60-40-4% Poz @ 11 ²⁵ /sack.		562 ⁵⁰
	1	Poly trailer Rental		250 ⁰⁰
	67 miles	Pump truck split 5 wells		53 ⁶⁰
	67 miles	Pickup @ 2 ⁰⁰ /mile round trip		53 ⁶⁰
		11-30-16		
	1	Pump Chgs		650 ⁰⁰
	130 sacks	60-40-4% Poz @ 11 ²⁵ /sack.		1462 ⁵⁰
	67 miles	Pick up @ 2 ⁰⁰ /mile Round trip split 5 wells.		53 ⁶⁰
	180 sack	Bulk Charge @ 1 ²⁵ /sack		225 ⁰⁰
	530 ⁶⁰	Bulk Truck Miles @ 1 ¹⁰ /100 miles		583 ²⁰
		Process License Fee on _____ Gallons		
		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 [Signature]

Station Burrton

Well Owner, Operator or Agent _____

Remarks 11-30-16 Plug out 10:00

NET 30 DAYS

