



FIELD  
ORDER N° C 44365

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

DATE 10/24/16 20  

IS AUTHORIZED BY: As: W Oil (NAME OF CUSTOMER)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

To Treat Well \_\_\_\_\_  
As Follows: Lease Heitschmidt Well No. 1C Customer Order No. \_\_\_\_\_

Sec. Twp. \_\_\_\_\_  
Range \_\_\_\_\_ County Ellsworth 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	35	mileage pump truck	4. <sup>00</sup> / <sub>100</sub>	140. <sup>00</sup> / <sub>100</sub>
2	35	mileage pickup	2. <sup>00</sup> / <sub>100</sub>	70. <sup>00</sup> / <sub>100</sub>
2	1	Pump Chase - Plug		650. <sup>00</sup> / <sub>100</sub>
				1,720. <sup>00</sup> / <sub>100</sub>
2	<del>100</del> 160	60/40 pps 2% sl.	10. <sup>75</sup> / <sub>100</sub>	<del>1,700</del> <sup>00</sup> / <sub>100</sub>
2	3	2% add. sl.	22. <sup>00</sup> / <sub>100</sub>	66. <sup>00</sup> / <sub>100</sub>
2	120	Conner	12. <sup>75</sup> / <sub>100</sub>	1,530. <sup>00</sup> / <sub>100</sub>
2	7	Calcium chloride	30. <sup>00</sup> / <sub>100</sub>	210. <sup>00</sup> / <sub>100</sub>
2	200 #	Hulls	40	80. <sup>00</sup> / <sub>100</sub>
2	290	Bulk Charge	1. <sup>25</sup> / <sub>100</sub>	362. <sup>50</sup> / <sub>100</sub>
2		Bulk Truck Miles (2.01 T x 35m = 465.35 Tm x 1. <sup>10</sup> / <sub>100</sub> )	1. <sup>10</sup> / <sub>100</sub>	500. <sup>00</sup> / <sub>100</sub>
		Process License Fee on _____ Gallons		5,379. <sup>39</sup> / <sub>100</sub>
		TOTAL BILLING		-15% 5,379.39 -799.41

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 Nathan

Station GB

Remarks \_\_\_\_\_

Ed Nemnich  
Well Owner, Operator or Agent

NET 30 DAYS

[illegible]