



FIELD ORDER N° C 44555

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

DATE 1-12 2017

IS AUTHORIZED BY: Vess Oil CORP
(NAME OF CUSTOMER)

Address _____ City _____ State _____

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

Sec. Twp. Range 35-29S-7W County KINGMAN 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	40	Mileage Pump TRUCK	4.00	160.00
2	40	Mileage Pickup	2.00	80.00
2	1	Pump Chg	650.00	650.00
2	40	Mileage Pump TRUCK 1-13-17	4.00	160.00
2	40	Mileage Pickup 1-13-17	2.00	80.00
2	1	Pump Chg. 1-13-17	650.00	650.00
2	200sx	Common Cement 3%CC	12.75	2550.00
2	11sx	CALCIUM CHLORIDE	30.00	330.00
2	95sx	60-90POZ 4%Gel	10.75	1021.25
2	2sx	ADD Gel	22.00	44.00
2	6sx	1fulls 300#	.40lb.	120.00
2	314	Bulk Charge	1.25	392.50
2	40	Bulk Truck Miles $14.05 = 562.3 \times 1.10$		618.53
		Process License Fee on _____ Gallons		6856.28
		TOTAL BILLING	151.	-1028.44
				5827.84

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 Gt. Bend, Ks.

TRACY BLACK
Well Owner, Operator or Agent

Remarks _____