

COPELAND

Acid & Cement

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

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

Invoice



INVOICE NUMBER:
C44764-IN

BILL TO:

VESS OIL CORP.
1700 N. WATERFRONT PKWY.
BLDG. 500
WICHITA, KS 67206

LEASE: ELWARD #1

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
04/26/2017	C44764		04/19/2017		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
35.00	MI	MILEAGE PICKUP TRUCK		15.00	2.00	59.50
35.00	MI	MILEAGE CEMENT PUMP TRUCK		15.00	4.00	119.00
1.00	EA	CEMENT PUMP CHARGE - PTA		15.00	650.00	552.50
245.00	SK	COMMON CEMENT		15.00	12.75	2,655.19
13.00	SK	CALCIUM CHLORIDE		15.00	30.00	331.50
50.00	LB	CELLO-FLAKES		15.00	3.00	127.50
200.00	LB	COTTONSEED HULLS		15.00	0.40	68.00
264.00	EA	BULK CHARGE		15.00	1.25	280.50
418.77	MI	BULK TRUCK - TON MILES		15.00	1.10	391.55
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice:		4,585.24
RECEIVED BY _____		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		RENCO Sales Tax:		44.20
		NET 30 DAYS		Invoice Total:		4,629.44

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



FIELD ORDER N° C 44764

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

DATE 4-19 2017

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

Address _____ City _____ State _____

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

Sec. Twp. Range _____ County Revo 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 Pickup	2.00	70.00
2	35	Mileage Pump TRUCK	4.00	140.00
2	1	Pump Chg P.T.A.	650.00	650.00
2	245	COMMON CNT 3%CC	12.75	3123.75
2	135x	CALCIUM CHLORIDE	30.00	390.00
2	50lbs	Celloflake	3.00	150.00
2	200lbs	Hulls	.40	80.00
2	364.5	Bulk Charge	1.25	330.00
2	35	Bulk Truck Miles 11.965: 418.775 x 1.10		460.65
		Process License Fee on _____ Gallons		5394.40
		TOTAL BILLING		809.16
				4585.24

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

-15

Station Gr. Bend, Ks.

TRACY BLACK
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

