



FIELD ORDER N° C 45132

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

DATE 6-8 2017

IS AUTHORIZED BY: Bear Petroleum LLC
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Hixson B Well No. 1 SWD Customer Order No. _____

Sec. Twp. Range 11-12-23W County Trego 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	60	Mileage Pickup	2.00	120.00
2	1	Pump Chg. P.T.A.	650.00	650.00
2	60	Mileage Pump TRUCK	4.00	240.00
2	60	Mileage Pickup 6-13-17	2.00	120.00
2	60	Mileage Pump TRUCK 6-13-17	4.00	240.00
2	1	Pump Chg. P.T.A. 6-13-17	650.00	650.00
2	60	Mileage Pickup 6-14-17	2.00	120.00
2	1	Pump Chg. P.T.A. 6-14-17	650.00	650.00
2	575sx	60-40 Poz 470 Gel	10.75	6181.25
2	10sx	ADD Gel	22.00	220.00
2	450lbs	hulls	.40	180.00
2	594	Bulk Charge	1.25	742.50
2	60	Bulk Truck Miles $25.737 = 1544.22 \times 1.10$		1698.64
		Process License Fee on _____ Gallons		
TOTAL BILLING				11,812.39

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.

DICK SCHREMMER
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS



TREATMENT REPORT

Acid Stage No.

Date 6-8-17 District F. O. No. 45132
 Company BEAR PETROLEUM INC.
 Well Name & No. HIXSON B-#1
 Location 11-135-23.W Field
 County TREGG State KS.

Type Treatment:	Amt.	Type Fluid	Sand Size	Pounds of Sand
Bkdown	..... Bbl./Gal.	.....	.....	.....
.....	..... Bbl./Gal.	.....	.....	.....
.....	..... Bbl./Gal.	.....	.....	.....
.....	..... Bbl./Gal.	.....	.....	.....
Flush	..... Bbl./Gal.	.....	.....	.....
Treated from	..... ft. to	..... ft.	No. ft.	.....
from	..... ft. to	..... ft.	No. ft.	.....
from	..... ft. to	..... ft.	No. ft.	.....

Casing: Size Type & Wt. Set at ft.
 Formation: Perf. to
 Formation: Perf. to
 Formation: Perf. to
 Liner: Size Type & Wt. Top at ft. Bottom at ft.
 Cemented: Yes/No. Perforated from ft. to ft.
 Tubing: Size & Wt. Swung at ft.
 Perforated from ft. to ft.
 Open Hole Size T.D. ft. P.B. to ft.

Actual Volume of Oil/Water to Load Hole: Bbl./Gal.
 Pump Trucks. No. Used: Std. 330 Sp. Twin
 Auxiliary Equipment 360-310T
 Packer: DUANE GREGGARDEN Set at ft.
 Auxiliary Tools
 Plugging or Sealing Materials: Type Gal. lb.

Company Representative

Treater DUANE

TIME a.m / p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
:1:00				ON LOC
:	2400		2	PUMP 2 BBLS Let bleed off
:	1500		1.5	TOOK TO 1500* SLOW BLEED OFF
:	1500		3	TOOK TO 1500* SLOW BLEED OFF
:	500			TOOK TO 500* SHUT TUBING UP & DOWN
:				DIDN'T WORK CAME OUT BY HOLE W/ TUBING
:				DONE FOR THE DAY
:				6-13-17
:1:30				ON LOC
:2:10			25.84	1 st Plug @ 3584' w/ 100sx CAT 200# HULLS
:3:35			35.84	2 nd Plug @ 2588' w/ 100sx CAT
:3:55				3 rd Plug @ 1004' LOSSURFACE MIX 200sx w/
:4:14				350# HULLS Did Not Circ
:				Pull Tubing Lying out of hole
:				6-14-17
9:00				ON LOC
:				TAG CAT @ 904'
10:50				CME FROM 904' TO SURFACE 150sx 60-
:				40 POT 490 GEL
:				100 Csg off w/ 115sx 60-40 Poz 60-40490 GEL
:				Pull 100sx 60-40 Poz 490 GEL DOWN AM
:12:00				Job Complete
:				THANK YOU