

FIELD ORDER Nº C 45579

BOX 438 • HAYSVILLE, KANSAS 67060

	510-524-1225	DATE_2/()[17 20
SAUTHORIZED BY: Non Oil Co.		20 <u></u> 20 <u></u> 20
<u> </u>	(NAME OF CUSTOMER)	
Address	City	State
To Treat Well As Follows: Lease Wick	Well No	Customer Order No
Sec. Twp. Range		State bs

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.

__ By____

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

	T	Well Owner or Operator	Agent	· · · · · · · · · · · · · · · · · · ·
CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
2	40	milere and druck	yaar	(60.00)
2	40	milecse pictup	l, ocr	\$U.CO
2	1	Pump Charge- Play		620,00
2	85	Lonna	12.75/	1,023.75
_2	6	Coloride	30,~~	180.00
2	180	BC/40 par 1% scl.	10,75/	1,935.00
2	Ч	^{BC} /up par 1% scl. 1% add. set.	27. ^{AY}	88.00
2	275 218	Bulk Charge	75/ t.	343,75
2		Bulk Truck Miles 12.27 T x 40- 40.4 THX 1	1,101	5 39, 88
		Process License Fee onGallons	15%	5.060.38
······································		TOTAL BILLING		- 159.05 4301.33

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 Netro W.

Station G. R

Kelse Well Owner, Operator or Agent

NET 30 DAYS

Remarks_



TREATMENT REPORT

nciu	a cemer							Acid Stage N	o		
					Type Treatment: Amt.			Sand Size		ds of Sand	
Date 8/23/2017 District G.B. F.O. No. C45579				Bkdown	Bbl./Gal.				·		
	y Novy Oil & (····	*••••••			Bbl./Gal.			••••		
Well Name & No. Wick #1 Location Field County Reno State KS					Bbl./Gal.						
								<u> </u>			
County Reno State KS				1							
<u> </u>	ci F.F.				Treated from		to		No. ft	0	
Casing:				Set atft.			to		No. ft		
Formatio				to	from		to	ft.	No. ft.	0	
Formatio	Formation:tototo				Actual Volume of Oil / Water to Load Hole: Bbl./Gal.						
Formatio			Perf								
Liner: S	Size Type	& Wt	ft.	Bottom atft.	Pump Trucks. No. Used:	Std. 36	5 Sp	••••••••••••••••••••••••••••••••••••••	Twin _		
	Cemented: Yes	Perforated	from	ft. toft.			367	/308			
Tubing:			Swung at		Personnel Nathan-Eddy-					_	
	Perforated	from	ft. to	ft.	Auxiliary Tools				·	<u> </u>	
					Plugging or Sealing Materials:	: Type					
Open Hol	e Size	T.D.	ft. P	P.B. toft.				Gals.		ib.	
										<u>, 11 - 11 - 11 - 11 - 11 - 11 - 11 - 11</u>	
Company	Representative		Kelso	>	Treater		Nathan V	v			
TIME		SSURES	Total Fluid Pumped								
a.m./p.m	Tubing	Casing				REMARKS					
9:00		5.5"		On Location.							
								·····			
										<u></u>	
				Break circulation with water.							
				Mix 50sks Common 3% Calcium Chloride at 1300'							
				Wait 1.5hrs and tag plug at 1050'							
		1		wait 1.5ms and tag plug at 1030							
				Mix 35sks Comm	35sks Common 3% Calcium Chloride at 700'						
				WIX 353K3 COITIII		ionue au	. 700				
12:00				Mix 190cks 60/41	Opoz 4%gel at 310		• • • • • • • • • • •				
				WIX 1003K3 00/40	002 4 %gei at 510	Circuia	ted ceme	nt to sur	ace.		
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