**Acid & Cement** 

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

Invoice

Page: 1

BURRTON, KS . GREAT BEND, KS (620) 463-5161 FAX (620) 463-2104

(620) 793-3366 FAX (620) 793-3536

**INVOICE NUMBER:** C45333-IN

**BILL TO:** 

**CARMEN SCHMITT, INC.** P.O. BOX 47 **GREAT BEND, KS 67530**  **LEASE: GLEASON #1** 

| DATE                                       | ORDER  | SALESMAN  | ORDER DATE                                    | PURCHASE O   | RDER           | SPECIAL INSTRUCTIONS |          |  |
|--|--------|---|---|--------------|----------------|----------------------|----------|--|
| 09/11/2017                                 | C45333 | <del>a conserved a la fille de</del>  | ··09/07/2017                                  |              |                | NET 30               |          |  |
| QUANTITY                                   | U/M    | ITEM NO./DE   | SCRIPTION                                     |              | D/C            | PRICE EXTE           |          |  |
|  |        | PRICE AS AGREEI   | TO SET 218' OF 8 5/8 5                        | SURFACE PIPE |                |                      |          |  |
| 1.00                                       | FT     | SURPACE PIPE  | 8 5/8   | ·            | 0.00           | 2,999.00             | 2,999.00 |  |
|  |        | -//   | 10/43 B                                       | P            |                |                      |          |  |
|  |        | 101 10  | 19/43. BC<br>18,000/<br>11 Lile<br>1 Surface" |              |                |                      |          |  |
|  |        | ////  | u Ad  |              |                |                      |          |  |
|  |        | l le  | 11 Lile                                       |              |                |                      |          |  |
|  |        | Cemen   | A Surface"                                    |              |                |                      |          |  |
|  |        |   |   |              |                |                      |          |  |
|  |        |   |   |              |                |                      |          |  |
|  |        |   |   |              |                |                      |          |  |
|  |        |   |   |              |                |                      |          |  |
|  |        |   |   |              |                |                      |          |  |
|  |        |   |   |              |                |                      |          |  |
|  |        |   |   |              |                | 1                    |          |  |
| REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060 |        | COP  FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.  NET 30 DAYS |   |              | Net Invoice: 2 |                      | 2,999.00 |  |
|  |        |   |   |              | HODE           | 229.42<br>3,228.42   |          |  |
|  |        |   |   |              |                | 3,228.42             |          |  |

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



FIELD ORDER Nº C 45333

| ricia o   | . Cellici  | II ( <del></del>                             | BOX 438   | • HAYSVIL<br>316-524                     | LE, KANSAS<br><b>I-1225</b>                              |  | a.                                | 7                         | 12  |
|---|--|--|---|--|--|--|-----------------------------------|---------------------------|---|
| IS AUTHORI  | ZED RV:  | Co   | ernen   | 50                                       | Lm.7.  | DATE_  | <u> </u>                          | _/                        | 20  |
|   |  |  |   | (NAME OF                                 | CUSTOMER)  | 7.7  |                                   |                           | <u> </u>  |
| Address   |  | / /  |   | City                                     | 1 ,  | <del></del>                                    |                                   | _ State                   |   |
| To Treat Well<br>As Follows:  | Lease  | pleason                                      |   | Well No                                  | #/   |  | _ Customer C                      | rder No                   |   |
| Sec. Twp.<br>Range  | 14-T2  | 3 - R21W                                     |   | County                                   | Hody   | rema   | <u> </u>                          | _ State                   | 15  |
| not to be held!<br>implied, and no<br>treatment is pa<br>our invoicing de | iable for any dai<br>representations<br>yable. There wit<br>epartment in acc | mage that may accrue<br>have been relied on, | in connection wi<br>as to what may be<br>ed subsequent to<br>ublished price sch | th said service the results such date. 6 | e or treatment.<br>or effect of the<br>% interest will l | Copeland A<br>servicing or to<br>be charged at | cid Service has reating said well | nade no repre             | ore mentioned well and is<br>esentation, expressed o<br>eration of said service o<br>e subject to correction by |
|   | JST BE SIGNED<br>IS COMMENCED  | )  |   |  |  | By_  |                                   |                           |   |
|   |  |  | Well Owner  | or Operator                              |  |  |                                   | Agent                     |   |
| CODE  | QUANTITY   | -  |   | DESCF                                    | IPTION   |  |                                   | UNIT                      | AMOUNT  |
|   |  | Price 1                                      | is acr  | red                                      | to se  | 1218'  | of                                |                           | 2999 00   |
|   |  | 85%" 3                                       | surface   | pipe                                     | to so  |  |                                   |                           |   |
|   |  |  |   | 1 1 -                                    |  |  |                                   |                           |   |
|   |  |  |   |  |  |  |                                   |                           |   |
|   |  |  |   |  |  |  |                                   |                           |   |
|   |  |  |   |  |  |  |                                   |                           |   |
|   |  |  |   |  |  |  |                                   |                           |   |
|   |  |  |   |  |  | _  |                                   |                           |   |
|   |  |  |   |  |  |  |                                   |                           |   |
|   |  |  |   |  |  |  |                                   |                           |   |
|   |  | ,  |   |  |  |  |                                   | <u> </u>                  | <del>  • • • • • • • • • • • • • • • • • • •</del>  |
|   |  |  |   |  |  |  |                                   |                           | -   |
|   |  |  |   |  |  |  |                                   |                           |   |
|   |  |  |   | _  |  |  |                                   |                           |   |
|   |  | Bulk Charge                                  |   | - · · -                                  |  |  |                                   |                           |   |
|   | -  | Bulk Truck Miles                             |   |  |  |  |                                   |                           |   |
|   |  |  | s License Fee   |  |  | Gallons  |                                   |                           |   |
|   | <del> </del>   | Froces                                       | s cicense i ee  | 011                                      |  | =  | BILLING                           |                           | 299900  |
| Loodifu   | hat the show   | o material has he                            | on accomical a  | nd uppdy t                               | hat the above  |  |                                   |                           |   |
| manner  | under the dire   | e material has be-<br>ection, supervision    | n and control   | of the own                               | er, operator   | or his age                                     | vas periorme<br>it, whose sig     | o in a good<br>nature app | l and workmanlike<br>ears below.  |
| Copeland  | l Representati   | ve Greg                                      | <u></u>   |  |  |  |                                   |                           |   |
| Station_  | 6  | B  | -   |  |  |  | 1+ So                             |                           |   |
| Remarks   |  |  |   | NETC                                     | 0 DAVO   | We   | ell Owner, Operato                | r or Agent                |   |
|   |  |  |   | INE I 3                                  | 0 DAYS   |  |                                   |                           |   |



## TREATMENT REPORT

Acid Stage No.

|  |                |          |                    |                                       | Type Treatment:                                      |                 | Type Fluid  |       | Pounc    | ls of Sand    |  |  |
|--|----------------|----------|--------------------|---------------------------------------|--|-----------------|-------------|-------|----------|---------------|--|--|
| Date 9/7/2017 District GREAT BEND KS, F.O. No. 45333  Company CARMEN SCHMITT INC |                |          |                    | Bkdown                                |  |                 |             |       |          |               |  |  |
|  |                |          |                    | l —                                   |  |                 |             |       |          |               |  |  |
|  | & No. GLEASO   |          |                    | <del></del>                           | · —  |                 |             |       |          |               |  |  |
| Location         Field           County         HODGEMAN         ST KANSAS       |                |          |                    | L. —                                  |  |                 |             |       | <u> </u> |               |  |  |
|  |                |          |                    |                                       | Flush  |                 | _           |       |          |               |  |  |
|  |                |          |                    | 2001                                  | Treated from   |                 |             |       | _        |               |  |  |
| Casing:  |                |          |                    | Set at ft.                            |  |                 |             | ft.   | No. ft   |               |  |  |
| Formation:   |                |          | Perf               | to                                    | from   |                 | ft. to      | ft.   | No. ft.  | 0             |  |  |
| Formation:   |                |          | Perf.              | to                                    | Actual Volume of Oil / Water to Lead Hole: Bbi./Gal. |                 |             |       |          |               |  |  |
| Formation  |                |          | Perf.              |                                       |  |                 |             |       |          |               |  |  |
| Liner: Si  |                |          |                    |                                       | Pump Trucks. N                                       | lo. Used: Std   | 320 Sp.     |       | _ Twin _ |               |  |  |
|  |                |          |                    |                                       | Auxiliary Equipment                                  |                 |             | 327   |          |               |  |  |
| Tubing:  | Size & Wt.     |          | Swung at           | ft,                                   | Personnel GREG                                       | Mike            |             |       |          | _             |  |  |
|  | Perforated fr  | mo       | ft. to             | ft.                                   | #NAME?   |                 |             |       |          |               |  |  |
|  |                |          |                    | · · · · · · · · · · · · · · · · · · · | Plugging or Sealing I                                | Materials: Type |             |       |          |               |  |  |
| Open Hole  | Size           | T.D.     | ft. P.             | B. toft.                              |  |                 |             | Gals. |          | lb.           |  |  |
|  |                |          |                    |                                       |  | <u></u>         |             |       |          |               |  |  |
| Company I  | Representative |          | MATT SU            | СНҮ                                   | Treater  |                 | GRE         | EG    |          |               |  |  |
| TIME   |                | SURES    |                    |                                       |  |                 |             |       |          |               |  |  |
| a.m./p.m.  | Tubing         | Casing   | Total Fluid Pumped |                                       |  | REMARK          | 5           |       |          |               |  |  |
| 3:00   | _              |          |                    | ON LOC                                |  |                 |             |       |          |               |  |  |
|  |                |          |                    |                                       |  |                 |             |       |          |               |  |  |
|  |                |          |                    | PUMP 185 SKS C                        | OF 60/40 2%  | GEL 3% CAI      | CIUM CHI    | ORIDE |          |               |  |  |
|  |                |          |                    | 1 01111 103 013 0                     | ,, GO) 40 270  | 022 370 071     |             |       |          | -             |  |  |
|  |                |          |                    | DISPLACE 12.9 B                       | BIS OF HOO   |                 |             |       |          |               |  |  |
|  |                |          |                    | DISPERCE 12.5 B                       | DES 01 1120  |                 |             | •     |          |               |  |  |
|  |                |          |                    | SHUT IN AT WEL                        | 1  |                 |             |       |          |               |  |  |
|  |                |          | <u> </u>           | SHOT IN AT MACE                       | .L   |                 |             |       |          |               |  |  |
|  |                |          |                    | IOD CONTRICTE                         |  |                 |             |       |          |               |  |  |
| 6:00   |                |          |                    | JOB COMPLETE                          |  |                 |             |       |          |               |  |  |
|  |                |          |                    |                                       |  |                 |             |       |          |               |  |  |
|  |                |          | <u> </u>           | THANK YOU!!!                          |  |                 |             |       |          |               |  |  |
|  |                |          |                    |                                       |  |                 |             |       |          |               |  |  |
|  |                |          |                    |                                       |  |                 |             |       |          |               |  |  |
|  |                |          |                    |                                       |  |                 |             |       |          |               |  |  |
|  |                |          |                    |                                       |  |                 |             |       |          |               |  |  |
|  |                |          |                    |                                       |  |                 |             |       |          |               |  |  |
|  |                |          |                    |                                       |  |                 |             |       |          |               |  |  |
|  |                |          |                    |                                       |  |                 |             |       |          |               |  |  |
|  |                |          |                    |                                       |  |                 |             |       |          |               |  |  |
|  |                |          |                    |                                       |  |                 |             | ·     |          |               |  |  |
|  |                |          |                    |                                       |  |                 |             |       |          |               |  |  |
|  | <del></del>    |          |                    |                                       |  |                 |             |       |          |               |  |  |
|  | ·              |          |                    | _                                     |  |                 | <del></del> |       |          |               |  |  |
|  | -              |          |                    | -                                     |  |                 |             |       |          |               |  |  |
| <b></b> -  |                | <u> </u> | <u> </u>           |                                       |  |                 |             |       |          | <u>.</u>      |  |  |
|  |                | <u> </u> |                    |                                       |  |                 |             |       |          |               |  |  |
| <u> </u>   |                |          |                    |                                       |  | _               |             |       |          |               |  |  |
|  |                | -        |                    |                                       |  |                 |             |       | -        | <del></del> - |  |  |