

COPELAND

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

Invoice

Acid & Cement

BURRTON, KS GREAT BEND, KS
 (620) 463-5161 (620) 793-3366
 FAX (620) 463-2104 FAX (620) 793-3536

INVOICE NUMBER:
C45388-IN

BILL TO:

BLACK STONE PETROLEUM, LLC
 363 N. VASSAR ST.
 WICHITA, KS 67208

LEASE: SWOB #3

PAID
 AUG 01 2017
 BY: 1364330
 FCH Tty.

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
07/25/2017	C45388		07/20/2017		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
19.00	MI	MILEAGE PUMP TRUCK		0.00	4.00	76.00
1.00	EA	PUMP CHARGE		0.00	800.00	800.00
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice: 876.00		
RECEIVED BY _____		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		RUHCO Sales Tax: 52.00		
		NET 30 DAYS		Invoice Total: <u><u>928.00</u></u>		

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



FIELD ORDER N° C 45388

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

DATE 7/26 2017

IS AUTHORIZED BY: Blackstone
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Swab Well No. 43 Customer Order No. _____

Sec. Twp. Range _____ County Rush 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	19	miles mileage charge	4.00	76.00
2		Pump Charge		800.00
		Bulk Charge		
		Bulk Truck Miles		
		Process License Fee on _____ Gallons		
TOTAL BILLING				876.00

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 [Signature]

Station GB

[Signature]
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

Invoice

GRESSEL OIL FIELD SERVICE

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

BURRTON, KS ♦ EL DORADO, KS ♦ GREAT BEND, KS ♦ HAYS, KS
(620) 463-5161 (316) 321-2065 (620) 793-3366 (785) 628-3220
FAX (620) 463-2104

INVOICE NUMBER:
C45141-IN

BILL TO:
BLACK STONE PETROLEUM, LLC
363 N. VASSAR ST.
WICHITA, KS 67208

LEASE: SWOB #3

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
07/19/2017			07/06/2017		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
16.00	MI	MILEAGE - PICK UP		0.00	2.00	32.00
16.00	MI	MILEAGE CEMENT PUMP TRUCK		0.00	4.00	64.00
1.00	EA	CEMENT PUMP CHARGE		0.00	1,100.00	1,100.00
300.00	SK	60/35 POZ 6% GEL 3% CC		0.00	10.75	3,225.00
200.00	SK	60/40 POZ 2% GEL 3% CC		0.00	10.75	2,150.00
10.00	SK	ADD GEL		0.00	22.00	220.00
26.00	SK	CALCIUM CHLORIDE		0.00	30.00	780.00
536.00	EA	BULK CHARGE		0.00	1.25	670.00
370.40	MI	BULK TRUCK - TON MILES		0.00	1.10	407.44
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060				Net Invoice: 8,648.44 RUHCO Sales Tax: 71.50 Invoice Total: 8,719.94		
RECEIVED BY _____		NET 30 DAYS				

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

Gressel Oil Field Service reserves a security interest in the goods sold until the same are paid for in full and reserve all the rights of a secured party under the Uniform Commercial Code



FIELD ORDER N° C 45141

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

DATE 7-6 2017

IS AUTHORIZED BY: Black Stone (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease SWOB Well No. 3 Customer Order No. _____

Sec. Twp. Range 31-18-16W County Rush 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	16	Mileage Pick Up	2.00	32.00
2	16	Mileage Pump Truck	4.00	64.00
2	1	Pump Chg 10% Surcharge	1100.00	1100.00
2	3000	60-35 Poz 6% Gel 3% CC	10.75	3225.00
2	3000	40-40 Poz 3% Gel 3% CC	10.75	3225.00
2	1000	ADD Gel	23.00	230.00
2	2600	Calcium Chloride	30.00	780.00
2	5300	Bulk Charge	1.25	662.50
2	16	Bulk Truck Miles $13.15 \times 16 = 210.40$		907.44
		Process License Fee on _____ Gallons		
TOTAL BILLING				8413.44

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 Prosser

Station Gr. Road, Ks.

Charles
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

GRESSEL OIL FIELD SERVICE

Invoice

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

BURRTON, KS (620) 463-5161
 EL DORADO, KS (316) 321-2065
 GREAT BEND, KS (620) 793-3366
 HAYS, KS (785) 628-3220
 FAX (620) 463-2104

**INVOICE NUMBER:
 C45145-IN**

BILL TO:
BLACK STONE PETROLEUM, LLC
363 N. VASSAR ST.
WICHITA, KS 67208

LEASE: SWOB #3

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
07/19/2017			07/12/2017		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
16.00	MI	MILEAGE - PICKUP		0.00	2.00	32.00
16.00	MI	MILEAGE CEMENT PUMP TRUCK		0.00	4.00	64.00
1.00	EA	CEMENT PUMP CHARGE		0.00	1,100.00	1,100.00
300.00	SK	65/35 POZ 6% GEL		0.00	10.75	3,225.00
11.00	SK	ADD GEL		0.00	22.00	242.00
150.00	SK	60/40 POZ 2% GEL MIX		0.00	10.75	1,612.50
100.00	LB	C-47A		0.00	8.50	850.00
100.00	LB	C-41P		0.00	3.75	375.00
900.00	LB	SALT		0.00	0.25	225.00
481.00	EA	BULK CHARGE		0.00	1.25	601.25
334.40	MI	BULK TRUCK - TON MILES		0.00	1.10	367.84
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice: 8,694.59 RUHCO Sales Tax: 71.50 Invoice Total: 8,766.09		8,766.09
RECEIVED BY _____		NET 30 DAYS				

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

Gressel Oil Field Service reserves a security interest in the goods sold until the same are paid for in full and reserve all the rights of a secured party under the Uniform Commercial Code



FIELD ORDER N° C 45145

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

DATE 7-12 2017

IS AUTHORIZED BY: Blackstone Petroleum
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well _____
As Follows: Lease SWAB Well No. 3 Customer Order No. _____

Sec. Twp. Range 26-18-16W County Rush 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	16	Mileage Pickup	2.00	32.00
2	16	Mileage Pump Truck	4.00	64.00
2	1	Pump Chg.	1100.00	1100.00
2	300x	65-35 Poz 60 Gal	10.75	3225.00
2	115x	ADD Gal	32.00	3680.00
2	150x	60-40 Poz 20 Gal	10.75	1612.50
2	100 lbs	C-47A	8.50	850.00
2	100 lbs	C-41 P	3.75	375.00
2	900 lbs	SALT	.25	225.00
2	181	Bulk Charge	1.25	226.25
2	16	Bulk Truck Miles <u>20.9 x 16 = 334.4 @ 1.10</u>		367.84
		Process License Fee on _____ Gallons		
TOTAL BILLING				8694.59

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 Dwaine Brozek

Station Gr. Perm., Ks.

Chris

Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

TREATMENT REPORT

Acid Stage No.

Date 7-15-17 District Gas Field F. O. No. 45145
 Company BLACK STONE
 Well Name & No. SWDB #3
 Location 26-18-16W Field ..
 County WASH State KS

Casing: Size 7" Type & Wt. Set at 2848 ft.
 Formation: Perf. 2915 to 2819
 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. I. ft. P. B. to ft.

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.
 Actual Volume of (H₂O) to Load Hole: Bbl./Gal.
 Pump Trucks: No. Used: Std. 317 Sp. Twin ..
 Auxiliary Equipment 300-2101
 Packer: WALKER GEAR PAKER Set at ft.
 Auxiliary Tools ..
 Plugging or Sealing Materials: Type ..

Company Representative Treater DUAN

TIME a.m /p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
				ON LOC
		700	10	BREAK CIR
			0	MIX CMT
		700	1700	CMT MIX-IN
			0	START DISP.
		1050	8700	DISP. EN
		1050		CLOS - WELL LN
				JOB COMPLETE
				THANK YOU