COPELAND

Acid & Cement

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

Page: 1

BURRTON, KS (620) 463-5161 FAX (620) 463-2104

GREAT BEND, KS (620) 793-3366 FAX (620) 793-3536

INVOICE NUMBER:

C38111-IN

BILL TO:

LEASE:

BERRY SWD 6

VICTORY MINERALS CARMON DECKER P.O. BOX 414931 KANSAS CITY, MO 64141

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE	ORDER	SPECIAL INSTRUCTIONS	
10/31/2012	C38111	10/30/2012		and the second	NET 30		
QUANTITY	U/ M	ITEM NO./DESCRIPTION			D/C	PRICE	EXTENSION
1.00	EA	CEMENT PUMP CHARGE			0.00	950.00	950.00
335.00	SAX	60-40 POZ MIX 4% GEL			0.00	9.69	3,246.15
5.00	GAL	FRICTION REDUCER C-37L			0.00	25.00	125.00
1.00	EA	3 1/2 SLIP WELD COLLAR		0.00	125.00	125.00	
119.00	MI	CEMENT MILEAGE PUMP TRUCK		0.00	4.00	476.00	
1.00	EA	3 1/2 WIPER PLUG		0.00	65.00	65.00	
335.00	EA	BULK CHARGE		0.00	1.25	418.75	
1,754.06	MI	BULK TRUCK - TON MILES		0.00	1.10	1,929.47	
			J	1 1 1 5 0 1			
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP-B FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		COWCO Sales Tax:		7,335.37 71.82 7,407.19	
RECEIVED BY	RECEIVED BY		NET 30 DAYS				

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

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

	D BY:	(NAME OF CUSTOMER)		
ress		City	State	
reat Well Follows: Lea	ase	Well No Customer	omer Order No.	
. Twp.		County County	State	
DITIONS: As be held liabled, and no rep ment is payab nvoicing depa	le for any dam presentations le. There will rtment in acco	consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, nage that may accrue in connection with said service or treatment. Copeland Acid Service has have been relied on, as to what may be the results or effect of the servicing or treating said we be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. To ordance with latest published price schedules. himself to be duly authorized to sign this order for well owner or operator.	the hereinbefo made no repre	re mentioned well a esentation, express eration of said servi
S ORDER MUST BE SIGNED FORE WORK IS COMMENCED		Ву		
		Well Owner or Operator	Agent	
CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	4	Paris Carlos Comments		12
	S37 54	- 100-10-14-2 Per 2016/		3344
	153-5-1			135
	1	33 A LOWEL ON A LAND LIVE		
	11500			•
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. *				
		vas:		
		Bulk Charge		46.
		Bulk Truck Miles		100
		Process License Fee onGallons		1 . 1
		TOTAL BILLING	1	17 / 1 / 1 / 1 / 1 / 1



Councy Conley

Onen Hole Size

TIME a.m

3:00 OF E

35

04

:40

Company Representative

Tubing

Well Name & No. BERRY # 4 SWO

Perforated from.....

PRESSURES

Casing

500

652

600

1000 1080

17000

6011

..ft. to.

T.D.....ft. P.B. to.....

Total Fluid Pumped

2188

KRE)

1 Rest

10 BB) 20 BBL

3888

TREATMENT REPORT

Acid Stage No. Type Treatment: Amt. Type Fluid Sand Size l'ounds of Sand Duty 10-30-12 District Bires F. O. No. Bkdown......Bbl. /Gal. Company Victory Minerels LLC _____Bbl. /Gal.Bbi, /Gai. FlushBbl. /Gai. Treated from......ft. to.......ft. No. ft. .ft. to......ft. No. ft..... .ft. to......ft. No. ft..... Liner: Size \$3 Type & Wt. 5 Top a San ft. Bottom at \$1.23 ft. Pump Trucks. No. Used: Btd. 323 Auxiliary Equipment Bulk 302 TT 132 Cemented: Yes/No. Perforated from......ft. to......ft. Tubing: Size & Wt. Swung at Plugging or Bealing Materials: Type 325 Sed annules 23/2 ROM & 187# Brother CIRC Cham 33/2 BOM