

TREATMENT REPORT

*					Acid Stage No.							
Date	3/23/2018	District GR			Type Treatment:	Amt.		Type Fluid	Sand Size	Pour	nds of Sand	
Compa	ny Novy Oil	District GB	F.0). No. <u>C45672</u>	Bkdown	В	bl./Gal.					
	me & No. Hurs	t SWD				B	bi./Gal.					
Location			Sint		·	B	bl./Gal.					
Court Bare						BI	ol./Gal.					
			State KS		Flush	Bi	ol./Gal.					
Casing:	Síze 7	7" Type &	Wt	Set at ft.	Treated from		ft.	to	ft.	No. ft.	0	
Formatio	on:	.,,,	Parf	set atft.				to		No. ft.	0	
Formatio					from		ft.	to	ft.	No. ft.	0	
	-			to	Actual Volume of Oil	/ Water to L	oad Hole:				Bbl./Gal	
Formatio	n:		Perf.									
Liner:	Size 5.5 Type	e & Wt. Mixe	d Top at ft	. Bottom atft.	Pump Trucks. No	o. Used: St	d. 36	5 Sp.		Twin		
	cemented: 46	Perforati	ed from	ft. to ft	Auxiliary Equipment		-	367	7/310			
lubing:	Size & Wt.		Swung at	ft.	Personnel Nathan-	Tim-Davi	d		,			
	Perforated	from	ft. to	ft. /	Auxiliary Tools						-	
					Plugging or Sealing Ma	aterials:	Type	······································				
Open Hol	e Size	T.D.	ft. /	P.B. to ft.			***************************************	***************************************	Gals.			
									dais.		lb.	
Company	Representative		Kirk C	i.	Treater			Mathan M				
TIME	PRE	SSURES						Nathan V	٧.			
a.m./p.m.	Tubing	Casing	Total Fluid Pumped			REM	ARKS					
9:00		5.5"		On Location.								
				Liner-3935'								
		1		Lille1-3333								
				T								
		+		Tie on 5.5" casing.	Load hole a	and bre	ak circi	ulation wi	th salt wa	iter.		
		-										
				Mix 350sks 65/35p	ooz 6%gel .7	5%C-3	7				-	
				Wash out pump ar	nd lines.							
				Displace with 93.21	bbls at 4bpm	1-1400#	Circu	laterd rei	ment to c	urface	-	
				Plug landed at 170	0# Held pres	ssure	Onca	rateed cer	Herit to S	urrace		
				Release pressure.								
					ridot ficia.							
			-	Thank You!								
				Tidik rod:								
			 	Nathan W.	***************************************							
$\neg \uparrow$				vatilali VV.								
-+			1									
_			-									
_												
-												

Acid & Cement

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

Invoice

LEASE: HURST #1 SWD

Page: 1

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

(620) 793-3366 FAX (620) 463-2104 FAX (620) 793-3536

INVOICE NUMBER: C45672-IN

BILL TO:

NOVY OIL & GAS, INC. P.O. BOX 559 GODDARD, KS 67052

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE	ORDER	SDECIAL	INCTOLICTIONS
03/29/2018	C45672		03/23/2018	TOTOTIAGE	ONDER	SPECIA	LINSTRUCTIONS
QUANTITY	U/M	ITEM NO./DE	SCRIPTION	I	D/C	PRICE	NET 30
40.00	MI	MILEAGE CEME	NT PUMP TRUCK		15.00	4.00	EXTENSION
40.00	MI	MILEAGE PICKUI	P		15.00	2.00	136.00
1.00	EA	PUMP CHARGE			15.00	950.00	807.50
350.00	SK	65/35 POZ MIX 29	% GEL		15.00	10.75	3,198.13
21.00	SK	4% ADDITIONAL	GEL		15.00	22.00	392.70
200.00	LB	FRICTION REDUC	CER C-37		15.00	4.00	680.00
1.00	LB	5 1/2 FLOAT SHO	E		15.00	285.00	242.25
1.00	LB	5 1/2" WIRE PLUG	3		15.00	65.00	55.25
390.00	EA	BULK CHARGE			15.00	1.25	414.38
646.00	MI	BULK TRUCK - TO	N MILES		15.00	1.10	604.01
							ž.
REMIT TO:			COP				
P.O. BOX 438 HAYSVILLE, KS 67060		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		RENCO	oulds rax.	6,598.22 129.24	
ECEIVED BY		NE	T 30 DAYS			Invoice Total:	6,727.46

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 45672

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

IS AUTHORIZED BY: Novy Oil	DATE	31		
3 011		3/7:	3/12	20
Address	(NAME OF CUSTOMER)			20
To Treat Well	City			
As Follows: Lease Hurst	City		State	9
Range		Custom	er Order No	
Solutions: As a part of the consider	County 11 Cma			
to de field fiable for any damage the different fit is agreed that Co			State	(05
our invoicing department in accordance of the country of the court invoicing department in accordance.	results or effect of the service or treat at	owners ris	sk, the herein	before mentioned wel
The undersigned represents himself to be duly authorized by	date. 6% interest will be charged after	ating said	well. The con	epresentation, expressideration of said ser
implied, and no representations have been relied on, as to what may be the treatment is payable. There will be no discount allowed subsequent to such our invoicing department in accordance with latest published price schedule. The undersigned represents himself to be duly authorized to sign this order than the commentation of the commentation o	der for well owner or operator.		Total charges	are subject to correc
Mark &				
CODE QUANTITY Well Owner or Ope	rator By	***************************************	Age	
2 40 DE	DESCRIPTION			
2 milecse puna 1	-	-	COST	AMOUNT
milesse pickup			4.00/	160.00
			7.00/	
Pump Cha-sa- Live-		-		80.0
n kine-				1 0-
2 350 05/35 has 19				950.00
2 350 05/35 par. 6% scl. 2 1321 4% additional scl. 2 700 (-3)			V 321	
2 700 (-3)	*		2,00/	3,767.5
			001	736.00
2 1 5113		4	. /	\$00.00
2 1 51/2° Floch shac				
>/c wife- Plus				S\$2.00
				65.00
			A CONTRACTOR OF THE CONTRACTOR	03.00
300 000				
Bulk Charge				
		.5	5/	
Bulk Truck Miles 16.15 7 × 40 ~ = 6	46TA X 1.191	119	-	487.50
Elderise Fee on	Gallone	-		710.60
rtify that the above material barries			52 -	1500
rtify that the above material has been accepted and used; the ner under the direction, supervision and control of the owner pland Representative Nation III.	at the above somics			1137,99
eland Representative N	operator or his agent, whose	med in a	good and	workmanneke
on 6 . 5.	5-M 111058	oignatur	e appears	below.
arks	kirk G			
	Well Owner, Opera	alor or Ager	1	
NET 30 D	DAYS	- 301	-	