

PLA

FIELD ORDER Nº C 45035

BOX 438 • HAYSVILLE, KANSAS 67060

			316-524-1225	DATE Sel (0	20 18
IS AUTHOR	IZED BY:	Bear Per				
Address			(NAME OF CUSTOMER) City		State	
	Lease Oly	mpic Moore				
Sec. Iwp.			County Cowley			
not to be held i implied, and no treatment is pa our invoicing d	liable for any dar o representations yable. There wil epartment in acc	consideration hereof it is agreed that C mage that may accrue in connection wi have been relied on, as to what may be to be no discount allowed subsequent to ordance with latest published price sch himself to be duly authorized to sign t	opeland Acid Service is to set the said service or treatment. He the results or effect of the second thate. 6% interest will be the second that the second tha	vice or treat at owners risk, Copeland Acid Service has servicing or treating said we e charged after 60 days. To	the hereinbefore made no repres	e mentioned well and it entation, expressed o
	UST BE SIGNED IS COMMENCED			Ву		
	T	Well Owner	or Operator		Agent	
CODE	QUANTITY		DESCRIPTION		COST	AMOUNT
	1	Pupchy for plu	dot			CBD=
	130 certe	. 60-40-270 poz	\$ 1075 Sorch.			1397
	92 mls	Pupchy for plus. 60-40-270 poz	splir 6 wells	400 mile		600
		,				
			V-1			
		×	1			
						3-100-8
		(2.05)				. 50
	1305enk	@/	- \			162
	51428		~ mile			565 11
		Process License Fee o	n	Gallons		
				TOTAL BILLING		
I certify the manner u	hat the above inder the dire	material has been accepted arction, supervision and control o	nd used; that the above f the owner, operator or	service was performe r his agent, whose sig	d in a good a nature appea	nd workmanlike rs below.
Copeland	Representativ	e Sy Ky				
Station	ByRA	tee /				
Remarks_	Pin	out 4:40		Well Owner, Operato	r or Agent	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NET 30 DAYS	1		



TREATMENT REPORT

ACIG &	Center	IIC COM						retu biage	
					Type Treatment:	Amt.	Type Fluid	Sand Size	Pounds of Sand
Date	D	istrict	F . (D. No	BkdownBbl./Gal.				
Company						Bbl. /Gal	***************************************	***************************************	***************************************
					1	Bbl. /Gal			
Location. Field									
					I and the second				
County					Treated from	ft	. to	ft. No. 1	rt.
				Unt nt ft	1	ft			
Casing: Sixe						ft			
Formation: Perf. to									
					Actual Volume of	Oll/Water to Load	l Hole:	•••••	Bbl. /Gal.
				to		00	2		
				. Bottom atft.		. Uned: 81d. 33			
Cem	ented: Yes/No.	. Perforated fr	rom	.ft. toft.	Auxiliary Equipme	ent Bulk 3	7	7-1.2	•••••
Tubing: Size &	. Wt		Swung at	ft.	Packer:			Set at	ft.
Per	forated from		ft. to						
					Plugging or Sealing Muterials: Type 130 Scalar 60-17-172				
thun Hole Six	e	T. D.	ft. P.	B. toft.	502 Hulls) By		Gals.	lb,
THEN TOTE OF						1			
(1 T					Treater	Mrs. VI	1		
	lepresentativ	SURES	7		_ Ireacci	1-1/2	/		
TIME a.m/p.m.	Tubing	Casing	Total Fluid Pumped			REMAR	8		
	140/115	Cabing				0	, 0	20	
3:55				Ric mp. 5	asy was	111110	before p	erk.	
:		ļ	0	7110-14		water			
4:15			45 86	Beeck Cit	De 0-898				
:			6	Stort MIX	in son de	our hale	Lesek sh	ilry - A	del Bo Hulk
HUILD			241881	Corrol Conos	: 400 hos 5	~ 895 13	souks a	a with	0
HARIND				Shut Cas	- 4 Surfax	ie 10 .		0	
55				18) asp 100	to see do	24 W/11/3	A LOUTT	4	
	CONTRACTOR OF THE CONTRACTOR O			1					
			 						
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