

# CÔPELAND

## Acid & Cement

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

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

### Invoice

INVOICE NUMBER:  
**C46151-IN**

**BILL TO:**  
**CURT'S OIL OPERATIONS, LLC**  
**P.O. BOX 8**  
**GREAT BEND, KS 67530**

**LEASE: MAES #1**

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
04/18/2018	C46151		04/06/2018		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
25.00	MI	MILEAGE PICKUP		15.00	2.00	42.50
25.00	MI	MILEAGE PUMP TRUCK		15.00	4.00	85.00
1.00	EA	PUMP CHARGE PTA		15.00	650.00	552.50
340.00	SK	60/40 POZ MIX 2% GEL		15.00	10.75	3,106.75
6.00	SK	ADDITIONAL GEL		15.00	22.00	112.20
400.00	LB	COTTONSEED HULLS		15.00	0.40	136.00
354.00	EA	BULK CHARGE		15.00	1.25	376.13
386.50	MI	BULK TRUCK - TON MILES		15.00	1.10	361.38
<b>REMIT TO:</b> P.O. BOX 438 HAYSVILLE, KS 67060		<b>COP</b>  FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		Net Invoice: 4,772.46 BATCO Sales Tax: 357.93 <b>Invoice Total: 5,130.39</b>		
RECEIVED BY _____		<b>NET 30 DAYS</b>				

**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 46151

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

DATE 4-6 20 18

IS AUTHORIZED BY: Curt's Oil Operations  
(NAME OF CUSTOMER)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

To Treat Well As Follows: Lease MACS Well No. 1 Customer Order No. \_\_\_\_\_

Sec. Twp. Range 21-18s-11w County BARTON 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	25	Mileage Pickup	2.00	50.00
2	25	Mileage Pump Truck	4.00	100.00
2	1	Pump Chg. PTA.	650.00	650.00
2	340sx	60-40 Poz 270 Gel	10.75	3655.00
2	6sx	ADDITIONAL Gel	22.00	132.00
2	400lbs	Hulls	.40	160.00
2	354	Bulk Charge	1.25	442.50
2	25	Bulk Truck Miles $15.46 = 386.5 \times 1.10 =$		425.15
		Process License Fee on _____ Gallons	15%	5614.65
		TOTAL BILLING		-842.20
				4772.45

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 Brozek

Station Ct. Bend, Ks.

Curtis Hirschmann  
Well Owner, Operator or Agent

Remarks \_\_\_\_\_

NET 30 DAYS

