

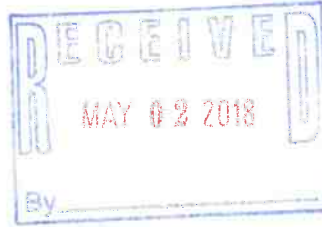
COPELAND

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:
C46161-IN

BILL TO:
VESS OIL CORP.
1700 N. WATERFRONT PKWY.
BLDG. 500
WICHITA, KS 67206

LEASE: LEHMER #18

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
04/30/2018	C46161		04/26/2018		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
15.00	MI	MILEAGE CEMENT PUMP TRUCK		12.00	4.00	52.80
1.00	EA	PUMP CHARGE P.T.A		12.00	650.00	572.00
240.00	SK	60/40 POZ MIX 2% GEL		12.00	10.75	2,270.40
4.00	SK	2% ADDITIONAL GEL		12.00	22.00	77.44
244.00	EA	BULK CHARGE		12.00	1.25	268.40
161.40	MI	BULK TRUCK - TON MILES		12.00	1.10	156.24
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice:		3,397.28
RECEIVED BY _____		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		NESCO Sales Tax:		50.77
		NET 30 DAYS		Invoice Total:		3,448.05

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 46161

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

DATE 4-26 2018

IS AUTHORIZED BY: Vess Oil Corp (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Lehmer Well No. 18 Customer Order No. _____

Sec. Twp. Range _____ County Ness 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 _____ By _____ Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT	
2	15	Mileage Pump Truck	4.00	60.00	
2	1	Pump Chg. R.T.A.	650.00	650.00	
2	240sn	60-40 Poz 2% Gel	10.75	2580.00	
2	4sn	ADDITIONAL Gel	22.00	88.00	
2	244	Bulk Charge	1.25	305.00	
2	15	Bulk Truck Miles $10.76 = 161.4 \times 1.10 =$		177.54	
		Process License Fee on _____ Gallons	12%	3860.54	
TOTAL BILLING					-463.26
					3397.28

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 Radzick

Station Gt. Bend, Ks.

Hunter Hembree
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

Date 4-26-18 District GT. Bend F. O. No. 46161
Company Vess Oil Corp.
Well Name & No. LEHMER #18
Location _____ Field _____
County Ness State KS.

Casing: Size 5 1/2" Type & Wt. _____ Set at _____ ft.
Formation: _____ Perf. _____ to _____
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. 2 3/8" Swung at _____ ft.
Perforated from _____ ft. to _____ ft.

Open Hole Size _____ T. D. _____ 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 Oil/Water to Load Hole: _____ Bbl. /Gal. _____
Pump Trucks No. Used: Std. 320 Sp. _____ Twin _____
Auxiliary Equipment 300-308T
Packer: _____ Set at _____ ft.
Auxiliary Tools Duane Greig
Plugging or Sealing Materials: Type _____ Gal. _____ lb.

Company Representative _____

Treater Duane

TIME a.m /p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
1000				DNHOC
1115			53.93	1 st Plug 1900' TO SURFACE w/ 800px 60-40 Pdz 49% Gel Good Returns
1100			5.09	Pump 205x 60-40 Pdz 49% Gel DOWN BREAKER HEAD
1115			5.09	Tap OA 5 1/2" CS9 w/ 205x 60-40 Pdz 49% Gel
1118				Job Complete