

# COPELAND

## Acid & Cement

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

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INVOICE NUMBER:  
**C46659-IN**

**BILL TO:**  
**CARMEN SCHMITT, INC.**  
**PO BOX 47**  
**GREAT BEND, KS 67530**

**LEASE: HODSON A #5**

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
01/21/2019	C46659		01/09/2019	HODSON A #5	NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
35.00	MI	MILEAGE CEMENT PUMP TRUCK		20.00	4.00	112.00
1.00	EA	PUMP CHARGE-PTA		20.00	650.00	520.00
320.00	SK	60/40 POZ MIX 2% GEL		20.00	10.75	2,752.00
6.00	SK	2% ADDITIONAL GEL		20.00	22.00	105.60
326.00	EA	BULK CHARGE		20.00	1.25	326.00
502.04	MI	BULK TRUCK - TON MILES		20.00	1.10	441.80
<p><i>7/10/43</i>  <i>12350.0003</i>  <i>Well Rte</i>  <i>Cement to Plug</i></p>						
<b>REMIT TO:</b>		<b>COP</b>		Net Invoice:		4,257.40
P.O. BOX 438 HAYSVILLE, KS 67060		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		ROOCO Sales Tax:		298.02
<b>RECEIVED BY</b>		<b>NET 30 DAYS</b>		<b>Invoice Total:</b>		<b>4,555.42</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 46659

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

DATE 1-9 20 19

IS AUTHORIZED BY:

Carmen Schmitt Inc  
(NAME OF CUSTOMER)

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

To Treat Well As Follows: Lease Hodson A Well No. #5 Customer Order No. \_\_\_\_\_

Sec. Twp. Range \_\_\_\_\_ County Rooks 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	35	Mileage Pump Truck	4 <sup>00</sup>	140 <sup>00</sup>
2		Pump Charge - PTA		650 <sup>00</sup>
2	320	Sacks 60/40 2% Gel	10 <sup>75</sup>	3440 <sup>00</sup>
2	6	Additional 2% Gel	22 <sup>00</sup>	132 <sup>00</sup>
2	326	Bulk Charge	1 <sup>25</sup>	407 <sup>50</sup>
2		Bulk Truck Miles $14.3447 \times 35 \text{ miles} = 502.0471$	1 <sup>10</sup>	552 <sup>24</sup>
		Process License Fee on _____ Gallons		
TOTAL BILLING			20%	5321 <sup>24</sup>

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 Greg C.

Station 6B

Curtis H.  
Well Owner, Operator or Agent

-1064.34  
4257.40

Remarks \_\_\_\_\_

NET 30 DAYS

