Acid & Cement

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

Invoice

Page: 1

BURRTON, KS . GREAT BEND, KS (620) 463-5161 FAX (620) 463-2104

(620) 793-3366 FAX (620)

INVOICE NUMBER: C44198-IN

**BILL TO:** 

CARMEN SCHMITT, INC. P.O. BOX 47 **GREAT BEND, KS 67530**  LEASE: HORACEK A-1

| DATE                           | ORDER              | SALESMAN                                    | ORDER DATE                                    | PURCHASE O   | RDER | SPECIAL IN                 | INSTRUCTIONS                  |  |
|--------------------------------|--------------------|---|---|--------------|------|----------------------------|-------------------------------|--|
| 02/22/2017                     | C44198             |   | 02/15/2017                                    |              |      | NE                         | T 30                          |  |
| QUANTITY                       | U/M                | ITEM NO./DE                                 | SCRIPTION                                     |              | D/C  | PRICE                      | EXTENSION                     |  |
| 1.00                           | EA                 | CEMENT PUMP                                 | CEMENT PUMP CHARGE                            |              |      | 650.00                     | 650.00                        |  |
| 1.00                           | EA                 | CEMENT JOB - SURFACE PIPE (PRICE AS AGREED) |   |              | 0.00 | 2,349.00                   | 2,349:00                      |  |
|                                |                    |   |   |              |      |                            |                               |  |
|                                | -                  | /9<br>L<br>Sv                               | 710/43<br>126.0001<br>Vell Rile<br>Aoue Cemen | BCP          |      |                            |                               |  |
| REMIT TO: P.O. BOX 4 HAYSVILLE | 138<br>E, KS 67060 | l '   | COP E IS NOT TAXABLE AND AND OR DELIVERY CHA  | 4 2          | НОДО | Net Invoice: CO Sales Tax: | 2,999.00<br>49.73<br>3,048.73 |  |
| RECEIVED BY                    |                    |   | NET 30 DAYS                                   | <del>_</del> |      | invoice (otal:             | 3,040.13                      |  |



Remarks\_

FIELD ORDER Nº C 44198

cid & Cement 🖄 BOX 438 • HAYSVILLE, KANSAS 67060 316-524-1225 Address City\_ To Treat Well As Follows: Lease Well No. Customer Order No. Sec. Twp. 13-235-21W County Range 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 Agent UNIT CODE QUANTITY DESCRIPTION **AMOUNT** COST **Bulk Charge Bulk Truck Miles** Process License Fee on Gallons **TOTAL BILLING** 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 Station

**NET 30 DAYS** 



## TREATMENT REPORT

| Acid &                                 | & Cement       | t 🕰           |                    |                  |                                       |                        |             | Acid Stage No | ·             |            |
|--|----------------|---------------|--------------------|------------------|---------------------------------------|------------------------|-------------|---------------|---------------|------------|
|  |                |               |                    |                  | Type Treatment:                       | Amt.                   | Type Fluid  | Sand Size     | Pound         | is of Sand |
| Date 2/14/2017 District F.O. No. 44198 |                |               |                    | Bkdown           |                                       |                        |             |               |               |            |
|  | Carmen Schm    |               |                    |                  | 1                                     |                        |             |               |               | _          |
| Well Name                              | & No. Horacek  | ( A-1         |                    |                  |                                       | Bbl./Gal.              |             |               |               |            |
| ocation Field                          |                |               |                    |                  |                                       |                        |             |               |               |            |
| County Hodgeman State KS               |                |               |                    | Flush            | Bbl./Gal.                             |                        |             |               |               |            |
| •                                      |                |               |                    | •                | Treated from                          |                        | ft. to      | ft.           | No. ft.       | 0          |
| Casing:                                | Size 8 5/8     | Type & Wt.    |                    | Set atft.        |                                       |                        | ft. to      |               | No. ft.       | 0          |
| Formation                              | ·              |               | Perf.              | to               | from                                  |                        | ft. to      |               | No. ft.       | 0          |
| Formation:                             |                |               | Perf               | to               | Actual Volume of Oi                   | il / Water to Load Hol | e:          |               |               | Bbl./Gal.  |
| Formation                              |                |               | Perf.              |                  |                                       | · · · ·                |             |               |               |            |
| Liner: Si                              | ze Type &      | Wt.           | Top at ft.         | Bottom atft.     | Pump Trucks. N                        | No. Used: Std.         | 320 sp.     |               | Twin          |            |
| (                                      | Cemented: Yes  | Perforated fr | om                 | ft. toft.        |                                       | ·                      |             | 327           | _             |            |
|  |                |               | Swung at           |                  | Personnel DUANE                       |                        |             |               |               |            |
|  | Perforated fr  | rom           | ft. to             | ft.              | Auxillary Tools                       |                        |             |               |               | _<br>      |
|  |                |               |                    |                  | Plugging or Sealing I                 | Materials: Type        |             |               |               |            |
| Open Hole                              | Size           | T.D           | ft. P.             | B. toft.         | ľ                                     |                        |             | Gals.         |               | lb.        |
|  |                |               |                    |                  | · · · · · · · · · · · · · · · · · · · |                        |             |               |               |            |
| Company l                              | Representative |               | CARMEN SC          | нмітт            | Treater                               |                        | DUANE BE    | ROZEK         |               |            |
| TIME                                   |                | SURES         |                    |                  |                                       |                        |             |               |               |            |
| a.m./p.m.                              | Tubing         | Casing        | Total Fluid Pumped |                  |                                       | REMARKS                |             |               |               |            |
| 6:30                                   |                |               |                    | ON LOCATION      |                                       |                        |             |               |               |            |
|  |                |               |                    |                  | -                                     |                        |             |               |               |            |
| 8:30                                   |                |               |                    | START RUNNING    | PIPE                                  |                        |             |               |               |            |
|  |                |               |                    |                  |                                       |                        |             |               |               |            |
|  |                |               |                    | MIX 200 SKS OF   | 60/40 2% GI                           | EL 3% CC @             | 6BPM        |               |               |            |
|  |                |               |                    |                  |                                       |                        |             |               | •             |            |
|  |                |               |                    | DISPLACE WITH    | 12.75 BBLS (                          | OF H20 @ 6F            | PM          |               |               |            |
|  |                |               |                    |                  |                                       |                        |             |               |               |            |
| 10:30                                  |                |               |                    | JOB COMPLETE     |                                       |                        |             |               |               |            |
| 10.50                                  |                | <del> </del>  |                    | 300 001111 12112 |                                       | <del></del>            |             |               |               |            |
|  |                |               |                    | THANK YOU!!!     |                                       |                        |             |               |               |            |
|  |                | -             |                    | TIANK TOO!!!     |                                       |                        |             |               |               |            |
|  |                |               |                    |                  | <u></u> _                             |                        |             | _             |               |            |
|  |                |               |                    |                  |                                       |                        |             |               |               |            |
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|  |                | <del></del>   |                    |                  |                                       |                        |             |               |               |            |



## TREATMENT REPORT

| Acid 8                                 | & Cemen        | t 🕰  |                    |                  |                       |   |            | Acid Stage No  |   |           |
|--|----------------|--|--------------------|------------------|-----------------------|---|------------|----------------|---|-----------|
|  |                |  |                    |                  | Type Treatment:       | Amt,                                    | Type Fluid | Sand Size      | Pounds o                                | of Sand   |
| Date 2/14/2017 District F.O. No. 44198 |                |  |                    | Bkdown           |                       |   |            |                |   |           |
|  | Carmen Schri   |  | ·                  | •                | l —                   |   |            |                |   |           |
| Welf Name                              | & No. Horace   | k A-1  |                    |                  | l                     |   |            |                |   |           |
| Location Field                         |                |  |                    | i <u> </u>       | Bbl./Gal.             |   |            |                |   |           |
| County Hodgeman State KS               |                |  |                    |                  | Flush                 | Bbl./Gal.                               |            |                |   |           |
|  |                |  | -                  |                  | Treated from          |   | ft. to     | ft.            | No. ft.                                 | 0         |
| Casing:                                | Size 8 5/8     | Type & Wt.                                       |                    | Set atft.        |                       |   |            |                | No. ft.                                 | 0         |
| Formation:                             |                |  | Perf.              |                  | from                  |   | ft. to     | ft.            | No. ft.                                 | 0         |
| Formation:                             |                |  | Perf.              | to               | Actual Volume of Oi   |   |            |                | • | Bbl./Gal. |
| Formation                              |                |  | Perf.              |                  | <b></b>               |   |            | <del>_</del> _ | <del></del>                             |           |
|  | Type 8         | L VA/P   | Top at ft          |                  | Pump Trucks. N        | lo lised: \$td                          | 320 so     |                | Twin                                    |           |
|  |                |  | om                 |                  | Auxiliary Equipment   |   |            | 327            |   |           |
|  | Size & Wt.     |  | Swung at           |                  | Personnel DUANE       |   |            |                |   |           |
|  | Perforated f   |  | ft. to             |                  | Auxillary Tools       |   |            | <del></del>    |   |           |
|  | , enounced (   |  | , , , , ,          |                  | _                     | _                                       |            |                |   |           |
| Open Hole                              | Sizo           | T.D  | ft. P.             |                  | Plugging or Sealing I | viacerials: Type                        |            | Gals.          |   | íb.       |
| upen noie                              | Jize           |  | 11. (*.            | ь, юп.           |                       | <del>.  </del>                          |            | Gais.          |   |           |
| Company                                | Representative |  | CARMEN SC          | HMITT            | Treater               |   | DUANE BE   | ROZEK          |   |           |
| TIME                                   |                | SSURES   |                    |                  |                       |   |            |                |   |           |
| a.m./p.m.                              | Tubing         | Casing   | Total Fluid Pumped |                  |                       | REMARK                                  | 5          |                |   |           |
| 6:30                                   |                |  |                    | ON LOCATION      |                       |   |            |                |   |           |
|  |                |  |                    |                  |                       |   |            |                |   | -         |
| 8:30                                   |                | <u> </u>   |                    | START RUNNING    | PIPE                  |   |            |                |   |           |
| 0.50                                   |                | <del>                                     </del> |                    | JIVIIVI KOMMIC   |                       | * |            |                |   |           |
|  |                | <del>                                     </del> |                    | MIX 200 SKS OF   | 60/40 2% GI           | EL 3% CC @                              | SDDM       |                | <del></del> _                           |           |
|  |                | <del>                                     </del> |                    | IVIIX 200 3K3 Of | 00/40 270 01          | -L 370 CC @                             | OBFIVE     |                |   |           |
|  |                |  | -                  | DICDLACE MATEL   | 12 75 PDI 6 6         | DE 1130 @ 6                             | DD64       |                |   |           |
|  |                | ļ  |                    | DISPLACE WITH    | 12.75 BBL3 (          | Jr 1120 @ 6                             | DPIVI      |                |   |           |
|  |                |  |                    | 100 001 101 575  |                       |   |            |                |   |           |
| 10:30                                  |                | <u> </u>   |                    | JOB COMPLETE     |                       |   |            |                |   |           |
|  |                |  |                    |                  |                       |   |            |                |   |           |
|  |                | ļ  |                    | THANK YOU!!!     | <u></u>               |   |            |                |   |           |
|  |                |  |                    |                  |                       |   |            |                |   |           |
|  |                |  | ].                 |                  |                       |   |            |                |   |           |
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