

# 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:  
**C46709-IN**

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

**LEASE: BAXTER E5**

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
01/21/2019	C46709		01/03/2019	BAXTER E5	NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
30.00	MI	MILEAGE CEMENT PUMP TRUCK		15.00	4.00	102.00
30.00	MI	MILEAGE PICKUP		15.00	2.00	51.00
1.00	EA	CEMENT PUMP CHARGE		15.00	650.00	552.50
250.00	SK	60/40 POZ MIX 2% GEL		15.00	10.75	2,284.38
5.00	SK	2% ADDITIONAL GEL		15.00	22.00	93.50
200.00	LB	COTTONSEED HULLS		15.00	0.40	68.00
255.00	EA	BULK CHARGE		15.00	1.25	270.94
340.50	MI	BULK TRUCK - TON MILES		15.00	1.10	318.37
		<i>710/43</i> <i>13340.0005</i> <i>Well Site</i> <i>Cement to Plug</i>				
<b>REMIT TO:</b> P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice:		3,740.69
		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND/OR DELIVERY CHARGES ONLY.		ROOCO Sales Tax:		261.85
<b>RECEIVED BY</b>		<b>NET 30 DAYS</b>		<b>Invoice Total:</b>		<b>4,002.54</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<sup>o</sup> C 46709

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

DATE 11/3/19 20  

IS AUTHORIZED BY: Corn Schmitt (NAME OF CUSTOMER)

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

To Treat Well As Follows: Lease Baxter Well No. ES 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 \_\_\_\_\_ By \_\_\_\_\_  
Well Owner or Operator Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
2	30	nilease pump truck	4. <sup>00</sup> / <sub>100</sub>	120.00
2	30	nilease pickup	2. <sup>00</sup> / <sub>100</sub>	60.00
2	1	Pump Chose- Plug		650.00
2	250	60/100 per. 2% gel.	10. <sup>75</sup> / <sub>100</sub>	2,627.50
2	5	2% additional gel.	22. <sup>00</sup> / <sub>100</sub>	110.00
2	200 #	Hulls	.40	80.00
2	255	Bulk Charge	1. <sup>25</sup> / <sub>100</sub>	318.75
2		Bulk Truck Miles $11.357 \times 30m = 340.57m \times 1.10/100$	1. <sup>10</sup> / <sub>100</sub>	374.55
		Process License Fee on _____ Gallons	15%	4,400.80
		TOTAL BILLING		- 660.12
				3740.68

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 Nathan W.

Station G.B

Curdie H.  
Well Owner, Operator or Agent

Remarks \_\_\_\_\_

NET 30 DAYS

