



FIELD ORDER N° C 46891

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

DATE 5-6 20 19

IS AUTHORIZED BY: Bear Petro (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Ryan Well No. A-2 Customer Order No. _____

Sec. Twp. Range _____ County Pawnee 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	Mileage Pump Truck	4 ⁰⁰	120 ⁰⁰
2		Pump Charge - Squeeze Job		958 ⁰⁰
2	150	Sales Common	13 ²⁵	1987 ⁵⁰
2	150	Bulk Charge	1 ²⁵	187 ⁵⁰
2		Bulk Truck Miles $7.057 \times 30 \text{ miles} = 211.507 \text{ m}$	1 ⁰⁰	232 ⁴⁵
		Process License Fee on _____ Gallons		
TOTAL BILLING				3477 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 Grey L.

Station GB

Dick S.
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

Date 5/6/2019 District GB F.O. No. 46891
 Company BEAR PETRO
 Well Name & No. RYAN A-2
 Location _____ Field _____
 County PAWNEE State KS

Type Treatment: _____ Amt. _____ Type Fluid _____ Sand Size _____ Pounds of Sand _____
 Bkdown _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 Flush _____ Bbl./Gal. _____

Casing: Size 4 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.

Treated from _____ ft. to _____ ft. No. ft. 0
 from _____ ft. to _____ ft. No. ft. 0
 from _____ ft. to _____ ft. No. ft. 0

Actual Volume of Oil / Water to Load Hole: _____ Bbl./Gal.

Pump Trucks. No. Used: Std. 320 Sp. _____ Twin _____
 Auxiliary Equipment 360-308T
 Personnel GREG CLARENCE MIKE
 Auxiliary Tools _____

Open Hole Size _____ T.D. _____ ft. P.B. to _____ ft.

Plugging or Sealing Materials: Type _____ Gals. _____ lb.

Company Representative DICK S. Treater GREG C.

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
5:00				ON LOCATION
				PERFS: KRIDER 2344-46 TOWANDA 2466-72 PACKER 2263' PLUG 2541'
				SET PACKER. LOAD 4 1/2, PUT 500#. SHUT VALVE.
				INJ. RATE 3 BPM 500#
				PUMP 150 SKS COMMON @ 3 BPM 500#
5:50	300		9.25	DISPLACE WITH 9.25 BBLS H2O. SHUT IN FOR 30 MINUTES.
	500		9.5	PUMP 0.25 BBLS, SHUT IN WAIT 30 MINUTES
	600		9.6	PUMP 0.1 BBLS. SHUT IN WAIT 30 MINUTES
	1200		9.7	PUMP 0.1 BBLS, STOP. PRESSURE DIDN'T DROP.
				RELEASE PRESSURE, UN SET PACKER REVERSE OUT WITH 17 BBLS
	500			PULL 5 JOINTS, PRESSURE UP TO 500#, SHUT IN.
8:00				JOB COMPLETE
				THANK YOU!!!