

## FIELD ORDER Nº C 47004

## BOX 438 • HAYSVILLE, KANSAS 67060

|   |  | <b>316-524-1225</b> DA  | TE 7/10/19   | 20  |  |
|---|--|---|--|---|--|
| IS AUTHOR   | IZED BY:   |   |  |   |  |
|   |  | (NAME OF CUSTOMER)  |  |   |  |
|   |  | City  |  |   |  |
| To Treat Wel<br>As Follows:   | Lease Un   | well No. 1-18   | Customer Order No.   |   |  |
| Sec. Twp.<br>Range  |  | County Downer   | State  | e ks  |  |
| not to be held I<br>implied, and no<br>treatment is pa<br>our invoicing d | liable for any dar<br>o representations<br>yable. There will<br>epartment in acc | consideration hereof it is agreed that Copeland Acid Service is to service or nage that may accrue in connection with said service or treatment. Copela have been relied on, as to what may be the results or effect of the servicing be no discount allowed subsequent to such date. 6% interest will be chargordance with latest published price schedules.  himself to be duly authorized to sign this order for well owner or operator. | nd Acid Service has made no re<br>g or treating said well. The con | epresentation, expressed sideration of said service |  |
|   | UST BE SIGNED<br>IS COMMENCED  | Well Owner or Operator  | Ву   | ent   |  |
|   |  | Well Owner or Operator  |  |   |  |
| CODE  | QUANTITY   | DESCRIPTION   | UNIT<br>COST   |   |  |
| 2   | 15   | milerse pump truck  | 4.00   | 60.00   |  |
| 2   | 15   | rikese pictup   | and a  | 30.00   |  |
|   |  |   |  |   |  |
| 2   | 1  | Pump Chesc-Plus   |  | 650.00  |  |
| 0   |  | 601 201   | 11.251   | 2 -55 25  |  |
| 2   | 245  | 60/40 poz 28 gc1,   |  | 7,756.25  |  |
|   | 5  | 2% additional gel   | <i>C</i> C-  | 110.00  |  |
|   |  |   |  |   |  |
|   |  |   |  |   |  |
| 2   | 750  | Bulk Charge   | 1.25/  | 317, 50   |  |
| 2   |  | Bulk Truck Miles 11, 03 T × 15 -= 165.45T~ x 1.   | 101  | 132.00  |  |
|   |  | Process License Fee onGallon  | s  |   |  |
|   |  | ТОТ   | AL BILLING   | 4,100,75  |  |
| manner  | under the dire   | e material has been accepted and used; that the above servicetion, supervision and control of the owner, operator or his a  | gent, whose signature ap   | od and workmanlike<br>opears below.                 |  |
| Station   | 6.8  | Dr:   | Well Owner, Operator or Agent                                      |   |  |
| Remarks   |  |   | Ton Omici, Operator of Agent                                       |   |  |
|   |  | NET 30 DAYS   |  |   |  |



## TREATMENT REPORT

| Acid &            | & Cement   |  |                    |  |  |           |        |   | Acid Stage N | 0.      |           |
|-------------------|--|--|--------------------|--|--|-----------|--------|---|--------------|---------|-----------|
|                   |  |  |                    |  | Type Treatment:  | Amt       |        | Type Fluid                              | Sand Size    | Pound   | s of Sand |
| Date 7            | /10/2019 N   | istrict GB                                       | F.O. N             |  | Bkdown   |           |        | Type Tulu                               |              |         |           |
| -                 | Bear Petroleu  |  | 1.0.11             |  |  |           |        |   |              |         |           |
|                   | & No. Unruh #  |  |                    |  |  |           |        |   |              |         |           |
|                   |  |  |                    |  |  |           |        |   |              |         |           |
|                   | Pawnee   |  | State KS           |  | Flush  |           |        |   |              |         |           |
| •                 |  |  |                    |  | Treated from   |           |        |   |              |         | 0         |
| Casing:           | Size 5.5"  | Type & Wt.                                       |                    | Set atft.  |  |           |        |   | ft.          | No. ft. |           |
| Formation:        |  |  |                    | to   | from   |           |        | to                                      |              | No. ft. | 0         |
| Formation:        |  | Actual Volume of Oil /                           |                    |  | THE RESIDENCE OF THE PARTY OF T |           |        | Bbl./Gal.                               |              |         |           |
|                   |  |  | Perf.              | to .   |  |           | ***    |   |              |         |           |
| Formation:        | zeType &   | Pump Trucks No                                   | Used: Std.         | . 3  | 65 Sp.   |           | Twin   |   |              |         |           |
|                   |  |  | om                 |  | t. Pump Trucks. No. Used: Std. 365 Sp. Twin t. Auxiliary Equipment 367   |           |        |   |              |         |           |
|                   |  |  |                    |  | t. Personnel Nathan-Greg-Clerance  |           |        |   |              |         |           |
| rooms.            | Perforated fr  |  | ft. to             |  | t. Auxiliary Tools   |           |        |   |              |         |           |
|                   |  |  |                    |  | Plugging or Sealing Materials: Type  |           |        |   |              |         |           |
| Onen Hole         | Sizo   | TD   | ft. P.             | B. to ft.  | 1  | ide ruis. | _      |   |              | s       | lb.       |
| орен пове         | 3126   | 1.0.   | r. r.              | В. со  | l  |           |        |   |              |         |           |
|                   |  |  | Phil P.            |  | Treater  |           |        | Nathai                                  | 1 W.         |         |           |
| William -         | Representative   | CURE   | rille.             |  | Treater  |           |        | *************************************** |              |         |           |
| TIME<br>a.m./p.m. |  | SURES Casing                                     | Total Fluid Pumped |  |  | REM       | ARKS   |   |              |         |           |
| -                 | 2.5"   | 5.5"   |                    | On Location.   |  |           |        |   |              | A - W-  |           |
| 9:30              | 2.5  | 3.3  |                    | On Location.   |  |           |        |   |              |         |           |
|                   |  |  |                    | D t h  | OF! Attampt  | to bros   | k circ | rulation w                              | ith water    | Had     |           |
|                   |  |  |                    | Run tubing to 1005' Attempt to break circulation with water. Had       |  |           |        |   |              |         |           |
|                   |  | ļ  |                    | circulation out casing and surface.                                    |  |           |        |   |              |         |           |
|                   |  |  |                    |  |  | 01 1      |        |   |              |         |           |
|                   |  |  |                    | Mix 225sks 60/40poz 4%gel. Circulated cement to surface out casing and |  |           |        |   |              |         |           |
|                   |  |  |                    | surface.   |  |           |        |   |              |         |           |
|                   |  |  |                    |  |  |           |        |   |              |         |           |
|                   |  |  |                    | Pull tubing and t  | op off with 2  | 0sks.     |        |   |              |         |           |
|                   |  |  |                    |  |  |           |        |   |              |         |           |
|                   |  |  |                    |  |  |           |        |   |              |         |           |
|                   |  |  |                    | Thank You!   |  |           |        |   |              |         |           |
|                   |  |  |                    |  |  |           |        |   |              |         |           |
|                   |  |  |                    | Nathan W.  |  |           |        |   |              |         |           |
|                   |  |  |                    |  |  |           |        |   |              |         |           |
|                   |  |  |                    |  |  |           |        |   |              |         |           |
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|                   |  | <del>                                     </del> | <del> </del>       |  |  |           |        |   |              |         |           |
|                   |  |  |                    |  | ···  |           |        |   |              |         |           |
|                   |  | -  | -                  |  |  |           |        |   |              |         |           |
|                   |  | -  |                    |  |  |           |        |   |              |         |           |
|                   |  |  |                    |  |  |           |        |   |              |         |           |
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|                   |  |  |                    |  |  |           |        |   |              |         |           |
|                   |  |  |                    |  |  |           |        |   |              |         |           |
|                   | STATE OF THE STATE |  | 1                  |  |  |           |        |   |              |         |           |