

## FIELD ORDER Nº C 47005

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

|   |   |  | DATE 7111  | 119                               | 20   |  |
|---|---|--|--|-----------------------------------|--|--|
| IS AUTHORI  | ZED BY:   | Scar Detroleur (NAMEOFO  | UISTOMED)  |                                   |  |  |
| Address   |   | City   |  | State                             |  |  |
| To Treat Well<br>As Follows: Lease  |   |  |  |                                   |  |  |
|   | Lease Way   |  |  |                                   |  |  |
| Sec. Twp.<br>Range  |   | County §   | County Pcwee   |                                   | ks   |  |
| not to be held I<br>implied, and no<br>treatment is par<br>our invoicing de | iable for any dan<br>representations<br>yable. There will<br>epartment in acc | consideration hereof it is agreed that Copeland Acid S<br>hage that may accrue in connection with said service<br>have been relied on, as to what may be the results on<br>be no discount allowed subsequent to such date. 6%<br>ordance with latest published price schedules.<br>himself to be duly authorized to sign this order for we | or treatment. Copeland Acid Service h<br>r effect of the servicing or treating said<br>interest will be charged after 60 days. | as made no rep<br>well. The consi | resentation, expressed of<br>deration of said service of |  |
|   | UST BE SIGNED<br>IS COMMENCED   | Well Owner or Operator   | By   | Ager                              |  |  |
|   | T   |  |  |                                   | LINIT  |  |
| CODE  | QUANTITY  | DESCRI   | PTION  | COST                              | AMOUNT   |  |
| 2   | 15  | milerse pump truct   |  | d'aci                             | 60,00  |  |
| 2   | 15  | mileose pictup   |  | 7.001                             | 30,00  |  |
| 2   | (   | Pump Charge - Plus   |  |                                   | 650.00   |  |
| 2   | 760   | Eduo par. 2% gcl.  |  | 11.251                            | 7,975.00   |  |
| 2   | 5   | 2% additional sch  |  | 77.001                            | 110.00   |  |
|   |   | ·  |  |                                   |  |  |
|   |   |  |  | 25.                               |  |  |
| 2   | 765   | Bulk Charge  |  | 1. 251                            | 331.75   |  |
| 2   |   | Bulk Truck Miles 11.69 T × 15 ===  | 175.357~ × 1. 1  | 1.101                             | 192.89   |  |
|   |   | Process License Fee on   | Gallons  |                                   |  |  |
|   |   |  | TOTAL BILLING  |                                   | 4,299,14   |  |
| Copeland  | under the dire  | material has been accepted and used; the ction, supervision and control of the owner e where w,  | r, operator or his agent, whose s  | signature app                     |  |  |
|   |   |  | Well Owner, Open   | ator or Agent                     |  |  |
| Remarks   |   | NET 30   | DAYS   |                                   |  |  |



Date <u>7/11/2019</u> District GB

Size 4.5" Type & Wt.

Type & Wt.

Perforated from

Cemented: Yes ▼ Perforated from

Company Bear Petroleum Well Name & No. Unruh SWD

Pawnee

Location

County

Casing:

Formation:

Formation:

Formation:

Liner: Size

Tubing: Size & Wt.

## TREATMENT REPORT

F.O. No. C47005

Field

State KS

Perf.

Perf. \_

Perf.

Swung at \_\_

ft. to

Top at

to

to

to

ft. Bottom at

ft. to

Acid Stage No. Type Treatment: Type Fluid Sand Size Pounds of Sand Amt. Bkdown Bbl./Gal. Bbl./Gal. Bbl./Gal. Bbl./Gal. Bbl./Gal. Flush 0 No. ft. ft. Treated from ft. to 0 from No. ft. 0 No. ft. from Actual Volume of Oil / Water to Load Hole: Bbl./Gal. Pump Trucks. No. Used: Std. 318 ft. Twin 367 Auxiliary Equipment Personnel Nathan-Tim-Mike ft. Auxiliary Tools Plugging or Sealing Materials:

| Open Hole S            | ize            | T.D  | ft. P.               | B. toft.           |                  | Gals.                       | lb.       |
|------------------------|----------------|--|----------------------|--------------------|------------------|-----------------------------|-----------|
| Company Representative |                | Phil P   |                      | Treater            | Nathan W.        |                             |           |
| TIME                   | TIME PRESSURES |  | Total Fluid Pumped   | REMARKS            |                  |                             |           |
| a.m./p.m.              | Tubing         | Casing   | Total Fluid Fulliped |                    |                  |                             | _         |
| 9:30                   |                | 4.5"   |                      | On Location.       |                  |                             | $\dashv$  |
|                        |                |  |                      |                    |                  |                             | $\dashv$  |
|                        |                | -  | <b>_</b>             | Tie on casing and  | d break circulat | ion with water.             | $\dashv$  |
| -                      |                | <del>                                     </del> |                      | The off casing and | a break en eara  |                             | $\exists$ |
|                        |                |  |                      | Mix 250sks 60/4    | 0poz 4%gel. C    | rculated cement to surface. | $\exists$ |
|                        |                |  |                      | Top off with 10s   | ks.              |                             | $\dashv$  |
|                        |                |  |                      |                    |                  |                             | $\exists$ |
|                        |                |  |                      | - I V I            |                  |                             | $\dashv$  |
|                        |                | -  | -                    | Thank You!         |                  |                             | $\dashv$  |
|                        |                |  | 1                    | Nathan W.          |                  |                             |           |
|                        |                |  |                      |                    |                  |                             |           |
|                        |                | <u> </u>   |                      |                    |                  |                             | $\dashv$  |
| $\vdash$               |                |  |                      |                    |                  |                             | $\dashv$  |
|                        |                |  |                      |                    |                  |                             |           |
|                        |                |  |                      |                    |                  |                             |           |
|                        |                |  |                      |                    |                  |                             | $\dashv$  |
|                        |                | <u> </u>   |                      |                    |                  |                             | -         |
|                        |                | -  |                      |                    |                  |                             | $\dashv$  |
|                        |                | -  |                      |                    |                  |                             |           |
|                        |                |  |                      |                    |                  |                             |           |
|                        |                |  |                      |                    |                  |                             |           |
|                        |                |  |                      |                    |                  |                             | _         |
|                        |                |  |                      |                    |                  |                             |           |