

COPELAND

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 (620) 793-3366
 FAX (620) 463-2104 FAX (620) 793-3536

INVOICE NUMBER:
C47006-IN

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

LEASE: POPPELREITER #1 NEW WELL

| DATE | ORDER | SALESMAN | ORDER DATE | PURCHASE ORDER | SPECIAL INSTRUCTIONS | |
|---------------------------------------------------------|-------|-------------------------------------------------------------------------------------------|------------|--------------------------|----------------------|-----------------|
| 07/22/2019 | 47006 | | 07/13/2019 | POPPELREITER #1 NEW WELL | NET 30 | |
| QUANTITY | U/M | ITEM NO./DESCRIPTION | | D/C | PRICE | EXTENSION |
| | | NEW WELL | | | | |
| 15.00 | MI | MILEAGE CEMENT PUMP TRUCK | | 25.00 | 4.00 | 45.00 |
| 15.00 | MI | MILEAGE PICKUP | | 25.00 | 2.00 | 22.50 |
| 1.00 | EA | PUMP CHARGE -ROTARY PLUG | | 25.00 | 1,100.00 | 825.00 |
| 240.00 | SK | 60/40 POZ MIX 2% GEL | | 25.00 | 11.25 | 2,025.00 |
| 5.00 | SK | 2% ADDITIONAL GEL | | 25.00 | 22.00 | 82.50 |
| 50.00 | LB | CELLO-FLAKES | | 25.00 | 3.00 | 112.50 |
| 246.00 | EA | BULK CHARGE | | 25.00 | 1.25 | 230.63 |
| 162.60 | MI | BULK TRUCK - TON MILES | | 25.00 | 1.10 | 134.15 |
| | | <i>7/19/43</i> <i>192/84.0001</i> <i>Well file</i> <i>Cement to Plug</i> | | | | |
| REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060 | | COP | | Net Invoice: | | 3,477.28 |
| | | FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY. | | BATCO Sales Tax: | | 158.06 |
| RECEIVED BY | | NET 30 DAYS | | Invoice Total: | | <u>3,635.34</u> |

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days pas

Copeland Acid & Cement is a subsidiary of Gressel Oil Field Service

Gressel Oil Field Service reserves a security interest in the goods sold until the same are paid for in full and reserve all the rights of a secured party under the Uniform Commercial Code.



New Well

FIELD ORDER N° C 47006

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

DATE 7/13/19 20

IS AUTHORIZED BY: Carmen Schmitt (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Poppelreiter Well No. 1 Customer Order No. _____

Sec. Twp. Range _____ County Barber 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 | 15 | mikasa pump truck | 4. ⁰⁰ | 60.00 |
| 2 | 15 | mikasa pickup | 2. ⁰⁰ | 30.00 |
| 2 | 1 | Pump Charge - Rotary Plus | | 1,100.00 |
| 2 | 240 | 60 lbs per. 2% sol. | 11. ²⁵ | 2,700.00 |
| 2 | 5 | 20% additional sol. | 22. ⁰⁰ | 110.00 |
| 2 | 50 ^H | Cellulose | 3. ⁰⁰ | 150.00 |
| 2 | 246 | Bulk Charge | 1. ²⁵ | 307.50 |
| 2 | | Bulk Truck Miles $10.84T \times 15 = 162.6T \times 1.10$ | 1. ¹⁰ | 178.86 |
| | | Process License Fee on _____ Gallons | | 4,636.36 |
| TOTAL BILLING | | | Discounted total | 3477.27 |

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 Noten W.

Station G.B.

Noten W.
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

