

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

DATE 3-22 20 19

IS AUTHORIZED BY: Mike Kelso O.Y (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well Swartz Well No. 3-20 Customer Order No. _____
As Follows: Lease Swartz

Sec. Twp. _____ County Ness State KS
Range _____

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	M. Vege Pump Truck	4 ⁰⁰	120 ⁰⁰
2	30	M. Vege Pick up	2 ⁰⁰	60 ⁰⁰
2		Pump Charge - Longstring		1600 ⁰⁰
2	650	Gallons Mud Flush	0 ⁷⁵	487 ⁵⁰
2	210	Sacks 60/40 2% Gel	10 ⁷⁵	2257 ⁵⁰
2	1	2% Additional Gel	22 ⁰⁰	22 ⁰⁰
2	900	Pounds Fine Salt	0 ²⁵	225 ⁰⁰
2	750	Pounds Gilsomite	0 ⁷⁵	562 ⁵⁰
2	100	Pounds C-47A	8 ⁵⁰	850 ⁰⁰
2	100	Pounds C-41P	3 ⁷⁵	375 ⁰⁰
2	6	4 1/2" Tubbe Centralizers	85 ⁰⁰	510 ⁰⁰
2	3	4 1/2" Basket	155 ⁰⁰	465 ⁰⁰
2	1	Insect Float Shoes	285 ⁰⁰	285 ⁰⁰
2	1	4 1/2" Port Collar	1900 ⁰⁰	1900 ⁰⁰
	248	Bulk Charge	1 ²⁵	310 ⁰⁰
		Bulk Truck Miles <u>10.9127 x 30 miles = 327.36 TM</u>	1 ¹⁰	360 ¹⁰
		Process License Fee on _____ Gallons		
TOTAL BILLING			15%	10389 ⁶⁰

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 Greg L.

Station 6B

Mike Kelso 8831.16
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

