P+A

COPELAND Acid & Cement

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

FIELD ORDER N° C 60006

DATE 13-Sep 20 19

IS AUTHORIZED BY: BEAR PETRO
(NAME OF CUSTOMER)

Address _____ City _____ State _____

TO TREAT WELL
AS FOLLOWS Lease BURKNER Well No. 11 Customer Order No. _____

Sec. Twp.
Range _____ County PRATT State KS

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid 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 duty 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
20.0001	50	Mileage P.U.	$2.00	$100.00
20.0002	50	Mileage P.T.	$4.00	$200.00
20.0003	1	Pump Charge Plug	$650.00	$650.00
20.1001	120	Common Cement Sack	$13.25	$1,590.00
20.0011	120	Bulk Charge	$1.25	$150.00
20.0012	282	Bulk Truck Miles	$1.10	$310.20
		Process License Fee on Gallons		
		TOTAL BILLING		$3,000.20

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 C.

Station GB DICK S.
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

HOPELAND
Acid & Cement

TREATMENT REPORT

Acid Stage No. _____

ate 9/13/2019 District GB F.O. No. C-60006
Company BEAR PETRO
Well Name & No. BURCKNER #11
ocation _____ Field _____
ounty PRATT State KS

asing: Size 5 1/2 Type & Wt. _____ Set at _____ ft.
ormation: _____ Perf. _____ to _____
ormation: _____ Perf. _____ to _____
ormation: _____ Perf. _____ to _____
iner: Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.
Cemented: Yes Perforated from _____ ft to _____ ft.
ubing: Size & Wt. _____ Swung at _____ ft.
Perforated from _____ ft. to _____ ft.

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

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

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 _____ 327
Personnel GREG CLARENCE DUANE MIKE
Auxiliary Tools _____
Plugging or Sealing Materials: Type _____
_____ Gals. _____ lb.

Company Representative DICK S. Treater GREG C.

TIME a.m./p.m.	PRESSURES Tubing	PRESSURES Casing	Total Fluid Pumped	REMARKS
1:00				ON LOCATION
				RUN 120' OF 1" PVC BETWEEN CASING AND SURFACE PIPE
				PUMP 70 SKS COMMON BETWEEN CASING AND SURFACE PIPE
				PUMP 50 SKS COMMON DOWN CASING.
				HOLE STAYED FULL
3:00				JOB COMPLETE
				THANK YOU!!!