



P. O. Box 466
 Ness City, KS 67560
 Off: 785-798-2300



Invoice

DATE	INVOICE #
9/6/2019	32604

BILL TO
Arcadian Resources P.O. Box 38 Norton, KS 67654

- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#7	Mindrup	Norton	Alliance	Oil	Workover	Liner	David E
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
575W	Mileage - 1 Way				80	Miles	5.00	400.00T
578W-D	Pump Charge				1	Job	1,400.00	1,400.00T
410-4	4 1/2" Top Plug				1	Each	75.00	75.00T
418-4	4 1/2" Weld-On Flush Joint Float Shoe				1	Each	300.00	300.00T
290	D-Air				2	Gallon(s)	42.00	84.00T
330	Swift Multi-Density Standard (MIDCON II)				175	Sacks	17.00	2,975.00T
581W	Service Charge Cement				200	Sacks	1.85	370.00T
583W	Drayage				797	Ton Miles	0.95	757.15T
	Subtotal							6,361.15
	Sales Tax Norton County						7.25%	461.18
We Appreciate Your Business!							Total	\$6,822.33



Services, Inc.

CHARGE TO: Arabian Resources
 ADDRESS
 CITY, STATE, ZIP CODE

PAGE 1 OF

TICKET 032604

SERVICE LOCATIONS
 1. Flagg, KS
 2. Ness City, KS
 3.
 4.

WELL/PROJECT NO. # 2
 TICKET TYPE SERVICE SALES
 CONTRACTOR Alliance
 WELL CATEGORY Artisan
 RIG NAME/NO.
 STATE/CITY KS
 SHIPPED VIA air
 DELIVERED TO for artian
 WELL PERMIT NO.
 WELL LOCATION

LEASE Windup
 COUNTY/PARISH Norton
 JOB PURPOSE liner

INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY. U/M			UNIT PRICE	AMOUNT
		LOC	ACCT	DF		QTY.	U/M	QTY.		
575-					MILEAGE	80	mi		\$1.00	400.00
5788					Pump Charge - 1/2	1	hr		1400.00	1400.00
410					TAP Plug - 1/2	1	hr		25.00	25.00
418					Well on 4 inch Joint Floor Slab	1	hr		320.00	320.00
290					D-Air	2	hr		42.00	84.00
330					Swift North Density	1	hr		17.00	17.00
581					Service Charge Cost	200	skt		1.55	320.00
583					Drayage	292	hr		.95	257.15

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS.

DATE SIGNED _____ TIME SIGNED _____
 A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	AGREE	UNDECIDED	DISAGREE
WE UNDERSTOOD AND MET YOUR NEEDS?			
OUR SERVICE WAS PERFORMED WITHOUT DELAY?			
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?			
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
CUSTOMER DID NOT WISH TO RESPOND			

PAGE TOTAL 6361 / 15

TOTAL 6822.33

Northon 461.18

SWIFT OPERATOR David Edgerton APPROVAL

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

Thank You!