COPELAND
Acid & Cement

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

FIELD ORDER Nº C 60055

DATE 12-Dec 20 19

IS AUTHORIZED BY: BEAR PETROLEUM
(NAME OF CUSTOMER)

Address _____ City _____ State _____

TO TREAT WELL
AS FOLLOWS Lease GL SCHMIDT Well No. B1 Customer Order No. _____

Sec. Twp.
Range _____ County RICE 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 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
20.0002	30	Mileage P.T.	$4.00	$120.00
20.0003	1	Pump Charge Plug	$650.00	$650.00
20.1001	50	Common Cement Sack	$13.25	$662.50
20.1012	3	Calcium Chloride per 50 lb.	$40.00	$120.00
20.1002	160	60/40 Poz 2% Gel	$11.25	$1,800.00
20.1004	3	Add. Gel after 2% Per Sack	$22.00	$66.00
20.0011	216	Bulk Charge	$1.25	$270.00
20.0012	288.45	Bulk Truck Miles	$1.10	$317.30
		Process License Fee on Gallons		
		TOTAL BILLING		$4,005.80

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 CURTIS

Station GB DICK SCHREMMER
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

COPELAND Acid & Cement

TREATMENT REPORT

Acid Stage No. _____

Date 12/12/2019 District GB F.O. No. C60055

Company BEAR PETROLEUM

Well Name & No. GL SCHMIDT B-1

Location _____ Field _____

County RICE State KS

Casing: Size _____ Type & Wt. _____ Set at _____ ft.

Formation: _____ Perf. _____ to _____

Formation: _____ Perf. _____ to _____

Formation: _____ Perf. _____ to _____

Liner: Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.

Cemented: Yes Perforated from _____ ft. to _____ ft.

Tubing: Size & Wt. 2 3/8 Swung at _____ ft.

Perforated from _____ ft. to _____ ft.

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

Type Treatment:	Amt.		Type Fluid	Sand Size	Pounds of Sand
Bkdown		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 360-308T

Personnel GREG CLARENCE

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
11:30				ON LOCATION
12:15				PUMP 50 SKS COMMON 3% CC @ 1100'
2:00				WAIT TO TAG CEMENT. TAGGED CEMENT @ 1025'
				PUMP 35 SKS 60/40 4% GEL @ 650'
				CIRCULATE CEMENT FROM 325' TO SURFACE. TOOK 125 SKS 60/40 4%
				GEL
				HOLE STAYED FULL
3:15				JOB COMPLETE
				THANK YOU!!!