

COPELAND

POST OFFICE BOX 438
 HAYSVILLE, KS 67060
 (316) 524-1225
 (316) 524-1027 FAX

Invoice

Acid & Cement

BURRTON, KS ♦ GREAT BEND, KS
 (620) 463-5161 (620) 793-3366
 FAX (620) 463-2104 FAX (620) 793-3536

INVOICE NUMBER:
C45430-IN

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

LEASE: HOPARCEK AZ

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
06/30/2018	C45430		06/30/2018		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
		NEW WELL				
20.00	MI	MILEAGE PICKUP		25.00	2.00	30.00
20.00	MI	MILEAGE CEMENT PUMP TRUCK		25.00	4.00	60.00
1.00	EA	PUMP CHARGE-SURGACE		25.00	1,100.00	825.00
189.50	SK	60/40 POZ MIX 2% GEL		24.92	10.75	1,529.43
10.00	SK	CALCIUM CHLORIDE		25.00	30.00	225.00
200.00	EA	BULK CHARGE		25.00	1.25	187.50
172.20	MI	BULK TRUCK - TON MILES		25.00	1.10	142.07
		<i>7/10/43</i> <i>19126.0002</i> <i>Well Site</i> <i>Surface Cement</i>				
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice:		2,999.00
RECEIVED BY _____		NET 30 DAYS		HODCO Sales Tax:		134.21
				Invoice Total:		<u><u>3,133.21</u></u>
There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days past due.						



NEW WELL

FIELD ORDER N° C 45430

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

DATE 6/23/18 20__

IS AUTHORIZED BY: Conrad Schmitt (NAME OF CUSTOMER)
 Address _____ City _____ State _____
 To Treat Well HORACEK Well No. AZ Customer Order No. _____
 As Follows: Lease Horacek
 Sec. Twp. _____ County Hodgeman 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

Well Owner or Operator

By

Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
2	1	Price as agreed to cement 223' of Surface Pipe		2,999.00
		See attached break down.		
		Bulk Charge		
		Bulk Truck Miles		
		Process License Fee on _____ Gallons		
		TOTAL BILLING		2999.00

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 Nathan W.

Station C-13

Southwind Drilling

Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

