

# 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:  
**C46781-IN**

BILL TO:

**CARMEN SCHMITT, INC.**  
**PO BOX 47**  
**GREAT BEND, KS 67530**

LEASE: **BETTY #2**

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
03/13/2019	46781		03/06/2019	BETTY #2 NEW WELL	NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
		NEW WELL				
40.00	MI	MILEAGE CEMENT PUMP TRUCK		25.25	4.00	119.60
40.00	MI	MILEAGE PICKUP		25.25	2.00	59.80
1.00	EA	PUMP CHARGE-SURFACE		25.25	1,100.00	822.25
190.00	SK	60/40 POZ MIX 2% GEL		25.00	10.75	1,531.88
11.00	SK	CALCIUM CHLORIDE		25.43	30.00	246.08
201.00	EA	BULK CHARGE		25.50	1.25	187.17
345.60	MI	BULK TRUCK - TON MILES		25.50	1.10	283.22
<p><i>7/10/43</i>  <i>19574.0002</i>  <i>Well A/c</i>  <i>Surface Cement</i></p>						
<b>REMIT TO:</b> P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice: 3,250.00 GOVCO Sales Tax: 151.13 <b>Invoice Total: 3,401.13</b>		
RECEIVED BY _____		<b>NET 30 DAYS</b>				

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 46781

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

DATE 3/6/19 20  

IS AUTHORIZED BY: C. Schmitt (NAME OF CUSTOMER)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

To Treat Well As Follows: Lease Betty Well No. 2 Customer Order No. \_\_\_\_\_

Sec. Twp. Range \_\_\_\_\_ County Gove State Ks

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 \_\_\_\_\_ Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
2	<del>40</del> 40	mikasa pump truck	4. <sup>00</sup>	160.00
2	40	mikasa pickup	2. <sup>00</sup>	80.00
2	1	Pump Charge - Surface		1,100.00
2	190	60/40 per. 2% sol.	10. <sup>75</sup>	2,040.50
2	11	Calcium Chloride	30. <sup>00</sup>	330.00
2	201	Bulk Charge	1. <sup>25</sup>	251.25
2		Bulk Truck Miles $8.64 T \times 40m = 345.6 Tm \times 1.00$	1. <sup>00</sup>	345.16
		Process License Fee on _____ Gallons		4,343.91
<b>TOTAL BILLING</b>			<b>Price AS AGREED</b>	<b>3250.00</b>

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 Norma L...

Station G.B

Murphy D. H.  
Well Owner, Operator or Agent

Remarks \_\_\_\_\_

**NET 30 DAYS**

