

COPELAND

Acid & Cement

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

Invoice

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

INVOICE NUMBER:
C46971-IN

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

LEASE: POPPELREITER #1

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
07/15/2019	46971		07/09/2019	POPPELREITER #1	NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
15.00	MI	MILEAGE PICKUP		25.00	2.00	22.50
15.00	MI	MILEAGE CEMENT PUMP TRUCK		25.00	4.00	45.00
1.00	EA	PUMP CHARGE- SURFACE PIPE		25.00	1,100.00	825.00
225.00	SK	60/40 POZ MIX 2% GEL		25.00	11.25	1,898.44
12.00	SK	CALCIUM CHLORIDE		25.00	40.00	360.00
237.00	EA	BULK CHARGE		25.00	1.25	222.19
156.42	MI	BULK TRUCK - TON MILES		25.00	1.10	129.05
<p><i>710/43</i> <i>14484.0001</i> <i>Well R/e</i> <i>Surface Cement</i></p>						
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice:		3,502.18
RECEIVED BY _____		NET 30 DAYS		BATCO Sales Tax:		262.66
				Invoice Total:		3,764.84
There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days pas						



FIELD ORDER N° C 46971

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

DATE 7-9 20 19

IS AUTHORIZED BY: Carmen Schmitt Inc
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Poppelreiter Well No. #1 Customer Order No. _____

Sec. Twp. Range _____ County Barton 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 _____
Well Owner or Operator Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
2	15	Mileage Pick up	2 ⁰⁰	30 ⁰⁰
2	15	Mileage Pump Trucks	4 ⁰⁰	60 ⁰⁰
2		Pump Charge - Surface Pipe		1100 ⁰⁰
2	225	Sacks 60/40 2% bel	11 ²⁵	2531 ²⁵
2	12	Calcium Chloride	40 ⁰⁰	480 ⁰⁰
2	237	Bulk Charge	1 ²⁵	296 ²⁵
2		Bulk Truck Miles $10.4287 \times 15 \text{ miles} = 156.429m$	1 ¹⁰	172 ⁰⁶
		Process License Fee on _____ Gallons		
		TOTAL BILLING	25%	4669 ⁵⁶

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 63

Matt Suchy
Well Owner, Operator or Agent

Remarks _____ NET 30 DAYS

