

COPELAND

Acid & Cement

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

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

Invoice

INVOICE NUMBER:
C60005-IN

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

LEASE: BRUMMER

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
09/13/2019	60005		09/12/2019	BRUMMER	NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
45.00	MI	MILEAGE CEMENT PUMP TRUCK		25.00	4.00	135.00
1.00	EA	PUMP CHARGE SURFACE		25.00	1,100.00	825.00
195.00	SK	60/40 POZ MIX 2% GEL		25.00	11.25	1,645.31
10.00	SK	CALCIUM CHLORIDE		25.00	40.00	300.00
205.00	EA	BULK CHARGE		25.00	1.25	192.19
405.90	MI	BULK TRUCK - TON MILES		25.00	1.10	334.87
		<i>7/10/43</i> <i>195/5.0001</i> <i>Well Site</i> <i>Surface Cement</i>				
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice:		3,432.37
		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		OSBCO Sales Tax:		274.59
RECEIVED BY		NET 30 DAYS		Invoice Total:		3,706.96

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days pas

Copeland Acid & Cement is a subsidiary of Gressel Oil Field Service

Gressel Oil Field Service reserves a security interest in the goods sold until the same are paid for in full and reserve all the rights of a secured party under the Uniform Commercial Code.

COPELAND

Acid & Cement 

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

FIELD ORDER No. C 60005

DATE 12-Sep 20 19

IS AUTHORIZED BY: CARMEN SCHMITT INC (NAME OF CUSTOMER)

Address _____ City _____ State _____

TO TREAT WELL AS FOLLOWS Lease BRUMMER Well No. _____ 1 Customer Order No. _____

Sec: Twp. Range _____ County: OSBORNE 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

Well Owner or Operator _____ By _____ Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
20.0002	45	Mileage P.T.	\$4.00	\$180.00
20.0005	1	Pump Charge Surface	\$1,100.00	\$1,100.00
20.1002	195	60/40 Poz 2% Gel	\$11.25	\$2,193.75
20.1012	10	Calcium Chloride per 50 lb	\$40.00	\$400.00
20.0011	205	Bulk Charge	\$1.25	\$256.25
20.0012	405.9	Bulk Truck Miles	\$1.10	\$446.49
		Process License Fee on Gallons		
TOTAL BILLING				\$4,576.49

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. Φ 3432.36

Copeland Representative GREG CURTIS

Station GB MATT SUCHY Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

