

CONSOLIDATED
Oil Well Services, LLC

241258

TICKET NUMBER 32060
LOCATION BARTLESVILLE, OK
FOREMAN DOANNE TATE

Box 884, Chanute, KS 66720
431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-7-11	6992	RBN # 8				Montgomery KS
CUSTOMER RBN			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS			419 JAMES N			
CITY STATE ZIP CODE			557 JEFF			
			Munnley TP			

JOB TYPE LS HOLE SIZE 5 3/8 HOLE DEPTH _____ CASING SIZE & WEIGHT 2
 CASING DEPTH 700' DRILL PIPE _____ TUBING 2 7/8 OTHER _____
 SLURRY WEIGHT 13.8 SLURRY VOL 1.75 WATER gal/sk 8.5 CEMENT LEFT In CASING 0
 DISPLACEMENT 4 DISPLACEMENT PSI 400 MIX PSI 250 RATE 4 1/2 BPM

REMARKS: EST CIRC W/ GEL, H₂O - RUN 75SX THICK SET W/ KOL SEAL 5' + 1/4" PHENO
WASH OUT PUMP, LINES AND RELEASE PLUG - DISP BAL TO SET SMOKE

CONT TO SUEP

PLUG DOWN 9:30 AM
LANDED 1500'

Signature
JE

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975.00
5406	35	MILEAGE		140.00
5402	700'	FOOTAGE		147.00
5407	1	BULK TRK		330.00
5501c	1.5	TRANSPORT		168.00
1126	75SX	THICK SET		1342.50
1110A	400#	KOL SEAL		176.00
1107A	80#	PHENO		97.60
1118B	150#	GEL		30.00
1123	3150 GAL.	CITY WATER		49.14
4402	1	2 7/8 RUBBER PLUG		28.00
				5.3%
				SALES TAX
				ESTIMATED TOTAL
				92.19
				3595.43

10% DISC. IF PAID WITHIN 30 Days
\$ 3232.63

Ravin 3737

AUTHORIZATION _____ TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.