



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 28104
LOCATION Oakley, KS
FOREMAN Walt Dunkel

242770

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8878

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-14-11	5659	Toka ^o 1-21	21	16 ^s	26 ^w	Ness
CUSTOMER <u>Mull Drlys Co</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			463	Calin Hardenbrook		
CITY			439	Joe Knolles		
STATE						
ZIP CODE						

JOB TYPE PTA-D HOLE SIZE 7 1/8 HOLE DEPTH 4640' CASING SIZE & WEIGHT _____
CASING DEPTH _____ DRILL PIPE 4 1/2 xH TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/ok _____ CEMENT LEFT in CASING _____
DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting, Rig up to Plug Duke #2, Plug as ordered.

50 SKS @ 2100'
80 SKS @ 1320'
50 SKS @ 740' 300 SKS @ 40 per, 4% Col, 1/4# Flu-Sol
50 SKS @ 270'
20 SKS @ 60'
30 SKS in R.H
20 SKS in M.H

Thank You
Walt + crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	1,250.00	1,250.00
5406	25	MILEAGE	5.00	125.00
1131	300 SKS	40 per	14.35	4,305.00
1118B	1,032 #	Bentamite	.24	247.68
1107	75 #	Flu Sol	2.66	199.50
4432	1	8 5/8 Wooden Plug	96.00	96.00
5407A	12.9	Ton Mileage Delivery	1.58	509.50
				6,732.68
		Less 15% Disc		- 1,009.90
				5,722.78
		SALES TAX		259.62
		ESTIMATED TOTAL		5,982.39

Revin 3737 AUTHORIZATION John J. ... 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.