CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 33831
LOCATION Oakley KS
FOREMAN Walt Dinkel

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-6-12	1707	SPahr #1	21	22S	23W	Hodgeman

CUSTOMER: Berexco Inc

MAILING ADDRESS:

CITY: | STATE: | ZIP CODE:

Jetmore 4E 2½N W.S.

TRUCK #	DRIVER	TRUCK #	DRIVER
463	Josh Gudde		
466-T129	Cody Roots		

JOB TYPE PTA HOLE SIZE ____ HOLE DEPTH 4750' CASING SIZE & WEIGHT ____
CASING DEPTH ____ DRILL PIPE 4½ XH TUBING ____ OTHER ____
SLURRY WEIGHT ____ SLURRY VOL ____ WATER gal/sk ____ CEMENT LEFT in CASING ____
DISPLACEMENT ____ DISPLACEMENT PSI ____ MIX PSI ____ RATE ____

REMARKS: Safety Meeting, Plug as ordered

50 sks @ 1570'
80 sks @ 720'
50 sks @ 250'
20 sks @ 50'
20 sks in MH
30 sks in RH

250 sks 60/40 poz, 4% Gel ¼# Flo-Seal

Thank You
Walt + crew

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	1,325.00	1,325.00
5406	35	MILEAGE	5.00	175.00
1131	250 sks	60/40 poz	12.55	3,137.50
1118B	860#	Gel	.25	215.00
1107	63#	Flo-Seal	2.82	177.66
5407	10.75	Ton Mileage Delivery	1.67	628.25
				5,658.41
		Less 10% Dis		− 565.84
				5,092.57
		246985	SALES TAX	236.70
			ESTIMATED TOTAL	5329.27

Ravin 3737

AUTHORIZTION [signature] TITLE Owner 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.