



CONSOLIDATED
Oil Well Services, LLC

#25018U

TICKET NUMBER 35731

LOCATION Bartlesville, OK

FOREMAN DONNIE Tate

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
5-27-12	3081	Cowell SWD 12-1	2	23	11E	CO, KS
CUSTOMER G+J						
MAILING ADDRESS						
CITY						
STATE						
ZIP CODE						
TRUCK #	DRIVER	TRUCK #	DRIVER			
492	JAKE C					
486	JAMES B					

JOB TYPE LS HOLE SIZE 6 3/4 HOLE DEPTH _____ CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.6 SLURRY VOL 1.53 WATER gal/sk 6.95 CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: EST CIRC - RUN 250sx 50/50 Poz with 27 gal 2" salt 5" kol and .40" PHENO, WASH OUT PUMP AND LINES AND RELEASE PLUG. DISP 39 BBL AND SHUT DOWN - FOLLOW PLUG w/WIRELINE

CMF TO SWD

[Handwritten signature]

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1,030.00
5406	40	MILEAGE		160.00
5402	2100	FOOTAGE		462.00
5407	1	BULK TRK		350.00
1124	250sx	50/50 Poz		2737.50
1110A	1250#	KOLSEAL		575.00
1107A	80#	PHENO		103.20
1111	500#	SALT		185.00
1118B	600#	BEL		126.00
4405	1	4 1/2 RUBBER PLUG		45.00
			Sub	5773.70
			Disc 577.37	5196.33
			8.3%	313.07
			SALES TAX	
			ESTIMATED	
			TOTAL	5478.09

Revin 3737

AUTHORIZATION [Signature] 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