

DISTRICT

DATE OF JOB

CUSTOMER

ADDRESS

10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124 Phone 620-672-1201

FIELD SERVICE TICKET 1718 07410 A

CUSTOMER ORDER NO.:

WELL NO.

DATE TICKET NO.____

STATE KS

☐ WDW

OLD PROD INJ

LEASE SIROKY

COUNTY

CITY	STATE		SERVICE CREW Sulling, melsons, Calloway														
								E.CNW 103/4 Systuc									
EQUIPMENT	#	HRS	EQUIPMENT#	HRS	EQUI	PMENT#	HRS	TRUCK CALL		DATE	AM TIN	ΛE					
33708-2097	20	30	m					ARRIVED AT	AMD 2:30								
19826-198	60	30	m					START OPER									
37900							14 5-23		AM 4-10								
All the second second					4			FINISH OPER		PM 479							
							in heat	RELEASED AM									
							(NOW DEED	MILES FROM	STATION TO W	/ELL	5						
products, and/or sup become a part of the	pplies incl	rized to ludes all at withou	TRACT CONDITIONS: (This execute this contract as an of and only those terms and the written consent of an o	agent of the cus conditions appe fficer of Basic E	stomer. As earing on the earing Sen	such, the unde he front and bac vices LP.	rsigned agre ck of this do	ees and acknowle cument. No additi IGNED; (WELL OWNE	edges that this cont onal or substitute to	ONTR.	nd/or conditions	s shall					
REF. NO. MATERIAL, EQUIPMENT				AND SERVICES USED			UNIT	QUANTITY	UNIT PRICE		\$ AMOUNT						
CP 103	60/4	10 pc	2 ent				SK	300	Indian	100	2,600	00					
							Description of				21						
CC 105	Celli	lake					16	75	d 4 ,		277	50					
CC 109 1	chlorte			16	774			812	70								
			,					1/3-0	1 1 1 1 1 1 1 1		C TO A THE	_					
E 100	sick	pon	<i>i</i> , , , , , , , , , , , , , , , , , , ,				mo	5			21.	25					
E 101	408	in E	jet ou	7 - 7			no	10	1 - 1 W 1 - 1		70	00					
E 113	Bulk	900	una .				TM	69			103	20					
CE 200	nep-	160	luge				9A	/	of the Control		1,000	00					
CE 240	13/01	Day-	- M/ Ling				5K	300			420	00					
5003 .	SPAU		Signin				54	/			175	00					
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CHEMICAL / ACID DATA:								i x pi	SUB TOT	AL	4. 859.	24					
	S						QUIPMENT %TAX ON \$										
	MAT							%TAX	ON\$		01-1						
							7	Bank y	TOT	AL	19172						
								/									

THE ABOVE MATERIAL AND SERVICE

ORDERED BY CUSTOMER AND RECEIVED BY:

ECEIVED BY:
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

SERVICE

REPRESENTATIVE

FIELD SERVICE ORDER NO.



TREATMENT REPORT

Customer	KY-01	1 000.10	+	Lease No.							Date					
	OKY	-1/4/201	Well #						1	11.	- 30	-12	-	- I		
Field Order #	Station	Pentt		Casing 3/			Depth			County Party				State	2	
Type Job	14	103/1	Canto	Formation					Legal Description							
PIPE		PERF	ORATIN	NG DATA FLUID U			JSED			TREATMENT RESUME						
Casing Size						Acid				RATE PRE		SS	ISIP			
Depth ₃₀₇	Depth	From	To)	Pre	Pad	Max						5 Min.			
Volume	Volume	From	To	То		1	Min						10 Min.			
Max Press	Max Press	From	To		Fra	Frac		Avg					15 Min.			
Well Connection	Annulus Vo		To)				HHP Used		d			Annulus Pressure			
Plug Depth	Packer Dep	oth		То		Flush			Gas Volume				Total Load			
Customer Repre	esentative	1		Station	Station Manager DAVE 3ctt						ter A	best	6/4-)		
Service Units	37900 -	33708	20970	1982	6	19860										
Driver Names	ullivan	mels	0,)		laus	114										
	Casing Pressure	Tubing Pressure	Bbls. P			Rate					Servic	e Log		al ₃ * :		
7:30	y-		41,			ON be Son					mt	4/4			*.#	
					Run 7 5ts 103/4 esg.											
	r															
3.50			,				CEG ON BIHOM									
4:05							Hook Ry To circ									
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445	250		28	2.5				. 4	1							
					CIA 10 BBL cm+ Pi+											
							JOB Complete									
													10			
							Thank for									
										0						
						14										
										1						
		7.4														