



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 260068

Invoice Date: 06/28/2013 Terms: 0/0/30,n/30

Page 1

WILSON COUNTY HOLDINGS, LLC
111 CONGRESS AVE., SUITE 400
AUSTIN TX 78701
(512) 402-7273

HOWARD ETAL D-1
43232
06-26-13
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	35.00	15.7000	549.50
1118B	PREMIUM GEL / BENTONITE	65.00	.2200	14.30

Description	Hours	Unit Price	Total
445 P & A OLD WELL	1.00	730.00	730.00
445 EQUIPMENT MILEAGE (ONE WAY)	40.00	4.20	168.00
667 MIN. BULK DELIVERY	1.00	368.00	368.00

Parts:	563.80	Freight:	.00	Tax:	35.52	AR	1865.32
Labor:	.00	Misc:	.00	Total:	1865.32		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

PONCA CITY, OK
580/762-2303

OAKLEY, KS
785/672-8822

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914

CUSHING, OK
918/225-2650

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
6-26-13	8926	Howard et al O-1					Wilson
CUSTOMER							
Wilson County Holding LLC							
MAILING ADDRESS							
111 Congress Ave ste 400							
CITY	STATE	ZIP CODE					
Austin	KS	78701					

JOB TYPE <u>P.T.A</u>	<u>0</u>	HOLE SIZE _____	HOLE DEPTH _____	CASING SIZE & WEIGHT _____
CASING DEPTH _____	DRILL PIPE _____	TUBING <u>1"</u>	OTHER _____	
SLURRY WEIGHT <u>14[#]</u>	SLURRY VOL _____	WATER gal/sk <u>6.5</u>	CEMENT LEFT in CASING _____	
DISPLACEMENT _____	DISPLACEMENT PSI _____	MIX PSI _____	RATE _____	

REMARKS: Safety meeting - Rig up to 1" tubing @ 480'. Break circulation w/ 1 Bbl fresh water. Pump 5 Bbl more water. Mixed 35 sacks class A cement w/ 29% gel @ 14#/gal. pull 1" out topped well off. Job complete. Rig down.

"Thank Ya"

[illegible]

Ravin 3737

AUTHORIZATION C. N. H. 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.