CONSOLIDATED
Oil Well Services, LLC

262089

TICKET NUMBER 42395
LOCATION Ottawa KS
FOREMAN Fred Mader

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
9/3/13	7823	Rogers/Aiken #1	NW 4	17	24	MI

CUSTOMER: Town Oil Co.

MAILING ADDRESS: 16205 W 267th St

CITY: Paola | STATE: KS | ZIP CODE: 66071

TRUCK #	DRIVER	TRUCK #	DRIVER
712	Fre Mad		
368	Arl Mad		
516	Sot Tuc		

JOB TYPE Plug HOLE SIZE 7 HOLE DEPTH ____ CASING SIZE & WEIGHT 2"
CASING DEPTH 400' DRILL PIPE 200' outside 1" TUBING inside 2" x out OTHER ____
SLURRY WEIGHT ____ SLURRY VOL ____ WATER gal/sk ____ CEMENT LEFT in CASING Full
DISPLACEMENT ____ DISPLACEMENT PSI ____ MIX PSI ____ RATE 1-1½ BPM

REMARKS: Held crew Safety meeting. Rig Ran 1" to TD inside 2" - 1" to 200' Outside 2". Fill Outside to surface. Fill Inside to Surface. Pull all 1" Tubing - Top off Well w/ Cement. Wash out 1" Tubing.

Total sks 60/40 Poz Mix Cement 4% Gel

Customer Supplied Water
KCC Rep: Taylor Herman. Fred Mader

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE Plug to Abandon. 368		1085.00
5406	40 mi	MILEAGE 368		164.00
5407A	1.21 x 5t	Ton Miles		171.32
1131	60 sks	60/40 Poz Mix Cement		780.00
1118B	~~100#~~ ~~207#~~ 206	Premium Gel		45.32
		7.40%	SALES TAX	61.57
			ESTIMATED TOTAL	2322.81

completed

Ravin 3737

AUTHORIZTION Leslie Town 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