

262230

ticket number 42483

LOCATION DIFFACE

FOREMAN Blan Make

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

## FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER#	JSTOMER # WELL NAME & NUMBER			SECTION TOWNSHIP		RANGE	COUNTY
9-10-13	4015	Wilso	Du T.	2	WE 4	18	22	Mi.
CUSTOMER		VV 1131	4,					
_JTC	0:1	8		1	TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRESS 516 Alg. Mad							Safety	Mest
356	, , , ,	in Cr	eek		368	Bolled	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
CITY		STATE	ZIP CODE		370	Kr. Car		
DSUWO	stamie	K5	46064	1	548	MIKHE		
JOB TYPE DV		HOLE SIZE	5 1/8	HOLE DEP	тн 620	_ CASING SIZE & W	VEIGHT_2	1
CASING DEPTH	609	DRILL PIPE		TUBING			OTHER	
SLURRY WEIGH	т	SLURRY VOL_		WATER ga	l/sk	CEMENT LEFT,in	CASING 1/8	5
DISPLACEMENT		DISPLACEMENT	PSI 800	MIX PSI	200	1-1 / .	an	
REMARKS: H		A	- 1 1	lishe	d vate	down e	05149	
Mixe	A A Diak	n sed	IDD #	eal	Polloweed	6, 72	CCK DE	W.
0100	Valt III	ceal si	or sach	C	irculate	dceme	211	
1 275	AT D A	10	100	11100	to col	TD 1	1)011	held
POS	DC F	and an	10 to	X	MIT	Ren Ale	n X	10500
000	1029	or ov	SVIII		the first	401-110		DOCK
V410-	4.							
							11	1
	. + /					10	MANA	
	116					- A KOW	1000	
ACCOUNT						7	·	
CODE	QUANITY	or UNITS	DE	SCRIPTION	of SERVICES or F	KODUCT	UNIT PRICE	TOTAL
5401	1		PUMP CHARG	E		368		108500
5406			MILEAGE			368		
5402	65	C,	CASIV	10 Fr	otacs.	368		
1409A	d	3.6	tion	10:12	25	548		131.98
35000	•	1/2	80	<del>- (</del>	<del></del>	370		135
JAVAL		<u> </u>	011 0	45				100
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112.7		2	owl					1422000
1126		€	- 1					7300
11188	100	2"	901					del.CO
1107	1	8 ¥	1100	seal				44,46
4402		1	2/2	place				29.50
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						2	9 11	100.00
-							minton	
							HIPIOICH	
51			<u> </u>			processor and a second	SALES TAX	1/2 321
Ravin 3737	1						ESTIMATED	110.03
sounds Fig.	1 - 1	8.11					TOTAL	29822
AUTHORIZTION	The 1h	WW !		TITLE			DATE	
		ent terms unl	ose encolfic	ally amond	ad in writing or	the front of the f	orm or in the	Puetomer'e

account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.