



263848

TICKET NUMBER 44484

LOCATION Oakley KS

FOREMAN Miles Shaw

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												
11-9-13	3395	Simmsinger #1	21	35	34W	Rauhaus												
CUSTOMER William Bowman			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>5307118</td> <td>Kirch C</td> <td></td> <td></td> </tr> <tr> <td>5266</td> <td>Saha #</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	5307118	Kirch C			5266	Saha #		
TRUCK #	DRIVER	TRUCK #					DRIVER											
5307118	Kirch C																	
5266	Saha #																	
MAILING ADDRESS																		
CITY	STATE	ZIP CODE																

Address  
US  
West Blvd  
16  
15  
Winto

JOB TYPE PTA HOLE SIZE 7 1/2 HOLE DEPTH 4620 CASING SIZE & WEIGHT \_\_\_\_\_  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.8 SLURRY VOL 1.4 WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety Meeting and rig upon Landmark drilling R.S #5 phases ordered  
1st 255 SHS @ 2825'  
2nd 100 SHS @ 2200'  
3rd 40 SHS @ 275'  
4th 10 SHS @ 40'  
RH 305 SHS  
205 SHS 60/40 1102 48 gal 1/4" P/Sec

Thanks Miles & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401B	1	PUMP CHARGE	1785. <sup>00</sup>	1785. <sup>00</sup>
5406	60	MILEAGE	5.25	315. <sup>00</sup>
5407A	8.81 Tons	Ton Mileage delivery	1.75	925.20 <sup>00</sup>
1131	205 SHS	60/40 por	15.84	3251.30 <sup>00</sup>
1107	51 #	Floccal	2.97	151.47 <sup>00</sup>
118B	705 #	Bentonite g/d	.27	190.35 <sup>00</sup>
			Subtotal	6618.32 <sup>00</sup>
			less 10% discount	6618.32 <sup>00</sup>
			Subtotal	5956.49 <sup>00</sup>
			SALES TAX 7.9	255.47 <sup>00</sup>
			ESTIMATED TOTAL	6211.96 <sup>00</sup>

completed

Ravin 3737

AUTHORIZATION Howard B. Shaw

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.