



**CONSOLIDATED**  
Oil Well Services, LLC

264175

TICKET NUMBER 43129  
LOCATION 180  
FOREMAN Jacob Storm

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 |         |        |         |        |    |      |  |  |     |        |  |  |     |       |  |  |
|-------------------------------|-------------|--------------------|--|----------|-------|--------|---------|--------|---------|--------|----|------|--|--|-----|--------|--|--|-----|-------|--|--|
| 11-19-13                      | 7665        | MOSS #C6           | 21   | 18       | 4E    | marion |         |        |         |        |    |      |  |  |     |        |  |  |     |       |  |  |
| CUSTOMER<br>Shawnee oil       |             |                    | <table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>57</td> <td>Josh</td> <td></td> <td></td> </tr> <tr> <td>681</td> <td>Terild</td> <td></td> <td></td> </tr> <tr> <td>702</td> <td>Jacob</td> <td></td> <td></td> </tr> </tbody> </table> |          |       |        | TRUCK # | DRIVER | TRUCK # | DRIVER | 57 | Josh |  |  | 681 | Terild |  |  | 702 | Jacob |  |  |
| TRUCK #                       | DRIVER      | TRUCK #            |  |          |       |        | DRIVER  |        |         |        |    |      |  |  |     |        |  |  |     |       |  |  |
| 57                            | Josh        |                    |  |          |       |        |         |        |         |        |    |      |  |  |     |        |  |  |     |       |  |  |
| 681                           | Terild      |                    |  |          |       |        |         |        |         |        |    |      |  |  |     |        |  |  |     |       |  |  |
| 702                           | Jacob       |                    |  |          |       |        |         |        |         |        |    |      |  |  |     |        |  |  |     |       |  |  |
| MAILING ADDRESS<br>P.O. Box 9 |             |                    |  |          |       |        |         |        |         |        |    |      |  |  |     |        |  |  |     |       |  |  |
| CITY<br>marion                | STATE<br>ks | ZIP CODE<br>66861  |  |          |       |        |         |        |         |        |    |      |  |  |     |        |  |  |     |       |  |  |

JOB TYPE plug B HOLE SIZE \_\_\_\_\_ HOLE DEPTH \_\_\_\_\_ CASING SIZE & WEIGHT 8 5/8  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 14 lb SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting, Run tubing to 258 mix 86 Skts  
60/40 p02 4/gel circulating cement to surface pull  
tubing top off with 20 Skts 60/40 p02 4/gel

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE      | TOTAL     |
|--------------|-------------------|------------------------------------|-----------------|-----------|
| 5405N        | 1                 | PUMP CHARGE                        | 730.00          | 730.00 ✓  |
| 5406         | 63                | MILEAGE                            | 4.20            | 264.60 ✓  |
| 5407         | 1                 | min bulk delivery                  | 368.00          | 368.00 ✓  |
| 1131         | 106               | 60/40 p02                          | 13.18           | 1397.08 ✓ |
| 118B         | 424               | Gel                                | .22             | 93.28 ✓   |
|              |                   |                                    | Subtotal        | 2852.96   |
|              |                   |                                    | SALES TAX       | 114.02 ✓  |
|              |                   |                                    | ESTIMATED TOTAL | 2966.98 ✓ |

completed

AUTHORIZATION maranta [Signature] 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