



CONSOLIDATED
Oil Well Services, LLC

263917

TICKET NUMBER 44291
LOCATION Oakley Kc
FOREMAN Jerry Y
Walt D

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
11-12-13	5659	Thornburg Trust Unit 1-27	27	15.5	26.6	Gove
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			463	Tim W		
CITY			693	Jake H		
STATE			assist	Michael R		
ZIP CODE						

JOB TYPE OWP HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 4 1/2
CASING DEPTH _____ DRILL PIPE _____ TUBING CJBP 4375 OTHER PERKS @ 4011 to 17
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING @
DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting and rig up on well head mix 50 sks 60/40 por 4 3/8 gel 1/4 # flo seal w/ 150# cotton seed hulls then 900# gel spacer followed by 1355 sks bring pressure up to 500# released & mixed 5 sks on back side & pressed to 500# released & tipped off 25 sks

190 sks 60/90 4 3/8 1/4 # flo

Thank you
Jerry, Walt, & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405A	1	PUMP CHARGE	875.00	875.00 ✓
5406	3.5	MILEAGE	52.5	183.75 ✓
5407A	8.2	ton Mileage Delivery	17.5	502.25 ✓
1131	190 sks	60/40 por	15.86	3013.40 ✓
1186	155 4#	bentonite	.27	419.58 ✓
1105	150 #	cotton seed hulls	.58	87.00 ✓
1107	48 #	flo seal	2.97	142.56 ✓
			Subtotal	5223.58 ✓
			less 10% disc	522.35 ✓
			Subtotal	4701.19 ✓
			7.9	SALES TAX
				ESTIMATED
				TOTAL
				260.41 ✓
				4961.60 ✓

completed

Ravin 3737

AUTHORIZATION [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.