



CONSOLIDATED
Oil Well Services, LLC

263349

TICKET NUMBER 44448
LOCATION OAKLEY KS.
FOREMAN DAMON MILLER

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

FIELD TICKET & TREATMENT REPORT
CEMENT

KANSAS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-21-13	2930	SELFRIDGE 1-11	11	18	28 W	LANE
CUSTOMER			SHEILDE			
FORESTAR			E to Pointe			
MAILING ADDRESS			59 SW INTO			
CITY			TRUCK #	DRIVER	TRUCK #	DRIVER
STATE			399	TIM W		
ZIP CODE			460	STEVEN		

JOB TYPE SURFACE HOLE SIZE 12 1/4 HOLE DEPTH 219 CASING SIZE & WEIGHT 8 5/8 24#
CASING DEPTH 210 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 14.8 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 20'
DISPLACEMENT 12.5 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: SAFETY meeting Rig up on WW#8 Hooked up to circulate mixed 165 SKS Com 390 CC 290 GAL displaced with 12.5 BAR of H2O shot in washed up pump and lines rigged down.

CEMENT DID CIRCULATE
APPROX 4 BAR TO THE PIT.

THANK YOU DAMON & CREW

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S	1	PUMP CHARGE	1150.00	1150.00 ✓
5406	35	MILEAGE	5.25	183.75 ✓
5407A	7.76	TON MILEAGE DELIVERY	1.75	475.30 ✓
1104S	165#	CLASS A CEMENT	18.55	3060.75 ✓
1102	465#	CALCIUM CHLORIDE	.94	437.10 ✓
1118B	310#	BETONITE	.27	83.70 ✓
				5390.60 ✓
			LESS 1690	539.66 ✓
			SUBTOTAL	4857.94 ✓
			7.15% SALES TAX	230.40 ✓
			ESTIMATED TOTAL	5082.00 ✓

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.