



CONSOLIDATED
Oil Well Services, LLC

263604

TICKET NUMBER 44492
LOCATION Oakley, KS
FOREMAN Walt Dunkel

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
10-30-13	2930	Selfridge 1-11	11	18 ^s	28 ^w	Lane
CUSTOMER Forestar Petroleum			Shields			
MAILING ADDRESS			East to Payne			
CITY			rd			
STATE			95			
ZIP CODE			1/4W-SS			
TRUCK #		DRIVER		TRUCK #		DRIVER
399		Jerry Yates				
460		Steven Odell				

JOB TYPE PTA HOLE SIZE 7 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13 # SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting, rig up on W-W #8, Plug as ordered

50 SKS @ 2160'
 80 SKS @ 1330' 280 SKS 60/40 por, 4% label, 1/4# Flo-Seal
 50 SKS @ 660'
 50 SKS @ 240'
 20 SKS @ 60'
 30 SKS in Pitt.

Thank You
Walt Dunkel

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	1,395.00	1,395.00
5406	35	MILEAGE	525	18,375
5407A	12.04	Ton Mileage Delivery	175	2,107.00
1131	280 SKS	60/40 por	15.86	4,440.80
118B	964 #	gal	.27	260.28
1107	70	Flo-Seal	2.97	207.90
4432	1	8 5/8 Wooden Plug	100.25	100.25
				7,325.93
Less 10% Disc				732.59
				6,593.34
			7.15	322.37
SALES TAX				6,915.71
ESTIMATED TOTAL				

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.