



CONSOLIDATED
Oil Well Services, LLC

PO Box 894, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER 44533
LOCATION Osborne, KS
FOREMAN Duncan

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/26/13	5020	Sowers 1931 1-35	35	19	31	Scott
CUSTOMER Titan Well Service			City: <u>Scott City, MO</u> State: <u>MO</u> Zip: <u>64581</u>			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			<u>463</u>	<u>Perry</u>		
STATE			<u>466</u>	<u>Stover</u>		
ZIP CODE						

JOB TYPE OHP HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 5 7/8, 15.5
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 7/8 OTHER _____
 SLURRY WEIGHT 13.8 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting. Rig up on Titan Well Service plug as ordered.

- 2250' - 25 SKs
 - 1350' - 50 SKs
 - 700' - 50 SKs
 - 60' - 20 SKs
- 5x60/4.0 4 1/2 Gal 1/4" Flossal
Circulate to surface

Duncan

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1395.00	1395.00
5106	50	MILEAGE	5.25	262.50
5407A	6.24	Ton Mileage Delivery	1.75	546.00
1131	145 SKs	60/40 100 mix	15.86	2299.70
1118B	499 #	Bentonite	27	134.73
1107	36 #	Flossal	2.97	106.92
1111	100 #	Salt	NC	NC
			Subtotal	4744.85
			LPSS 10%	474.48
			Subtotal	4270.37
			SALES TAX	
			ESTIMATED TOTAL	

RAVIN 3737 AUTHORIZATION Anthony Smith 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