



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 44434

LOCATION Corkley, Ks

FOREMAN Jerry Y

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
11-26-13	5020	Simpson 1833 1-2	2	18S	33W	Scott
CUSTOMER <u>Titan Well Service</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS			463 Tim W			
CITY			463 466 Jeremy R			
STATE						
ZIP CODE						

JOB TYPE PTA HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2 15.5
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 7/8 OTHER PTB @ 4200'
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting assigned on Titan Well Service plug as ordered retainers set @ 2125' mixed 50 sks (35 below retainers 15 string out) @ 1500' mixed 50 sks below. Loc. to 1290 mixed 50 sks @ 655' mixed 50 sks @ 60' circulating cement to surface

total 200 sks 60/40 per 4% gel 1/4" @ 650'

*Thank you
Jerry Y Office*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1395 ⁰⁰	1395 ⁰⁰
5406	50	MILEAGE	525	26250
5417A	8.6	ton mileage delivery	1.75	15075
1131	200	10/40 per mix	15.36	3072 ⁰⁰
1136	688 #	bentonite gel	.27	18576
1107	50 #	flc seal	2.92	1460
5404	4 hrs	personal on standby x3	110 ⁰⁰	440 ⁰⁰
			subtotal	72362 ⁶⁰
			less 10% disc	72362 ⁶⁰
			subtotal	65126 ⁴⁰
			SALES TAX	
			ESTIMATED	
			TOTAL	

Ravin 3737

AUTHORIZATION A. W. 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.