



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 267907

Invoice Date: 05/08/2014 Terms: 0/30/10,n/30

Page 1

SHAWMAR OIL & GAS
P.O. BOX 9
MARION KS 66861
(620) 382-2932

LOVELESS-AUSTIN A B-2
46309
35-18-4
05-02-2014
KS

Description	Hours	Unit Price	Total
MIN. BULK DELIVERY	1.00	368.00	368.00

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	108.00	13.1800	1423.44
1102	CALCIUM CHLORIDE (50#)	173.00	.7800	134.94
1118B	PREMIUM GEL / BENTONITE	432.00	.2200	95.04

Sublet Performed	Description	Total
9996-180	CEMENT MATERIAL DISCOUNT	-496.03

Description	Hours	Unit Price	Total
603 P & A OLD WELL	1.00	730.00	730.00
603 EQUIPMENT MILEAGE (ONE WAY)	45.00	4.20	189.00

Amount Due 3066.90 if paid after 05/18/2014

Parts:	1653.42	Freight:	.00	Tax:	88.53	AR	2532.92
Labor:	.00	Misc:	.00	Total:	2532.92		
Sublt:	-496.03	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 316/322-7022 EUREKA, KS 620/583-7664 PONCA CITY, OK 580/762-2303 OAKLEY, KS 785/672-8822 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914 CUSHING, OK 918/225-2650



CONSOLIDATED
Oil Well Services, LLC

267901

TICKET NUMBER 46309
LOCATION 180
FOREMAN Jeff Shell

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

FIELD TICKET & TREATMENT REPORT

CEMENT API# 15-115-19251-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5/2/14	71065	Loveless Austin A B2	35	18	4	Marion

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Shawmco Oil & Gas Co. MAILING ADDRESS 1116 E Main PO Box 9 CITY Marion STATE KS ZIP CODE 66861	609	Jeremy M		
	713	Dustin K		
	527	Jeff S		

JOB TYPE Plug B HOLE SIZE 8 5/8 HOLE DEPTH 2300 CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 220 DRILL PIPE _____ TUBING 2 9/8 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting, brake circ. at 250ft Pumped 102 SKS of 60/40 Poz mix
4% Gel 2% calcium from 250ft to space pulled Tubing Top hole of A
with 6 SKS 60/40 Poz mix 4% Gel 2% calcium hole standing full

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405A	1	PUMP CHARGE	730.00	730.00 ✓
5406	45	MILEAGE	4.20	189.00 ✓
1131	108 SKS	60/40 Poz mix	13.18	1423.44 ✓
1102	173 lbs	calcium chloride	.78	134.94 ✓
1118 B	432 lbs	Gel	.22	95.04 ✓
5407	1	Min bulk delivery	368.00	368.00 ✓
			Subtotal	2940.42
			Minus 30% Discount	496.03 ✓
			Subtotal	2444.39
		<input checked="" type="checkbox"/> completed		
			SALES TAX	88.53 ✓
			ESTIMATED TOTAL	2532.92 ✓

AUTHORIZATION Jim Myers 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 for