

# Town Oilfield Service

P.O Box 339 Louisburg, Ks 66053  
913-837-8400

Ticket Number \_\_\_\_\_  
Location \_\_\_\_\_  
Foreman \_\_\_\_\_

## Field Ticket & Treatment Report Cement

Date	Customer#	Well Name & Number	Section	Township	Range	County
7-10-14	RT	BW-7	8	14	21	FR
Customer			Mailing Address			
			City	State	Zip Code	

Job Type Plug Hole Size \_\_\_\_\_ Hole Depth 475 Casing Size & Weight 2 3/8  
 Casing Depth \_\_\_\_\_ Drill Pipe \_\_\_\_\_ Tubing \_\_\_\_\_ Other \_\_\_\_\_  
 Displacement \_\_\_\_\_ Displacement PSI \_\_\_\_\_ Mix PSI \_\_\_\_\_ Rate \_\_\_\_\_

Remarks Run 1" to bottom & filled up & pulled pipe  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Account Code	Quantity or Units	Description of Services or Product	Unit Price	Total
		Pump Charge		400
		Cement Truck		100
		Water Truck		100
	35	Cement	9	315
		Gel		
		Plug		
		<u>pulling unit</u>		100
			Sales Tax	
			Estimated Total	1015

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.