

# 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 |
|----------|-----------|--------------------|-----------------|----------|----------|--------|
| 7-12-14  | TOR       | Dufty I-5          | 32              | 15       | 21       | FR     |
| Customer |           |                    | Mailing Address |          |          |        |
|          |           |                    | City            | State    | Zip Code |        |

Job Type Plug Hole Size 2 3/8 Hole Depth 1200 Casing Size & Weight \_\_\_\_\_  
 Casing Depth \_\_\_\_\_ Drill Pipe \_\_\_\_\_ Tubing \_\_\_\_\_ Other \_\_\_\_\_  
 Displacement \_\_\_\_\_ Displacement PSI \_\_\_\_\_ Mix PSI \_\_\_\_\_ Rate \_\_\_\_\_

Remarks Ben 1" to Bottom & Filled up with class A cement  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

| Account Code | Quantity or Units | Description of Services or Product | Unit Price      | Total  |
|--------------|-------------------|------------------------------------|-----------------|--------|
|              |                   | Pump Charge                        |                 | 250    |
|              |                   | Cement Truck                       |                 | 250    |
|              |                   | Water Truck                        |                 | 150    |
|              | 35                | Cement                             | 8.5             | 297.50 |
|              |                   | Gel                                |                 |        |
|              |                   | Plug                               |                 |        |
|              |                   |                                    |                 |        |
|              |                   |                                    |                 |        |
|              |                   |                                    | Sales Tax       |        |
|              |                   |                                    | Estimated Total | 947.50 |

Authorization [Signature] Title \_\_\_\_\_ Date 7-12-14

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.