

# 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
7-24-14	KRAD	Joedel 1-2007				
Customer			Mailing Address			
			City	State	Zip Code	

Job Type Plug Hole Size 2 1/2 Hole Depth \_\_\_\_\_ Casing Size & Weight \_\_\_\_\_  
Casing Depth \_\_\_\_\_ Drill Pipe \_\_\_\_\_ Tubing \_\_\_\_\_ Other \_\_\_\_\_  
Displacement 4.6 Displacement PSI 1000 Mix PSI 200 Rate \_\_\_\_\_

Remarks Same with 35 sacs of class A cement

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Account Code	Quantity or Units	Description of Services or Product	Unit Price	Total
		Pump Charge		400
		Cement Truck		100
		Water Truck		100
	35	Cement	10	35
		Gel		
		Plug		
			Sales Tax	
Estimated Total				950

Authorization [Signature] Title \_\_\_\_\_ Date 7-24-14

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.