

# 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	Joekel CW-7A				
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 Severn with 35 sac's of class A cement  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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	350
		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.