

Field Ticket & Treatment Report

Cement

Date	Customer#	Well Name & Number	Section	Township	Range	County
7-30-14	KRAD	Cartwright KR-27				
Customer			Mailing Address			
KRAD						
			City	State	Zip Code	

Job Type Plug Hole Size _____ Hole Depth _____ Casing Size & Weight _____

Casing Depth _____ Drill Pipe _____ Tubing _____ Other _____

Displacement _____ Displacement PSI _____ Mix PSI _____ Rate _____

Remarks 1" to Bottom & Fill to top with class A cement

Account Code	Quantity or Units	Description of Services or Product	Unit Price	Total
		Pump Charge		500
		Cement Truck		250
		Water Truck		150
	90	Cement	10	900
		Gel		
		Plug		
	2	pulling w. it	105	210
			Sales Tax	
Estimated Total				2010

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.