

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
8-11-14		Trinkle #2	12	19	24	Meade
Customer Triple T Oil		Mailing Address				
		City	State	Zip Code		

Job Type longstring Hole Size 5 5/8 Hole Depth 300 Casing Size & Weight 2 7/8
 Casing Depth 282 Drill Pipe _____ Tubing _____ Other _____
 Displacement 4.6 Displacement PSI 800 Mix PSI 200 Rate 4BPM

Remarks _____

Account Code	Quantity or Units	Description of Services or Product	Unit Price	Total
		Pump Charge	700	700
		Cement Truck	250	250
		Water Truck	150	150
	75 sx	Cement	8.50	637.50
		Gel		0
		Plug	25	25
			Sales Tax	1762.50
Estimated Total				

Authorization  Title Owner Date 8-7-14

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.