	ONSOLIDA Dil Well Service	M. LLC	TICKET NUMBER 47146 LOCATION Offange FOREMAN Alan Madea										
PO Box 884, Chanute, KS 66720 FIELD TICKET & TREATMENT REPORT 620-431-9210 or 800-467-8676 CEMENT													
DATE CUSTOMER # WELL NA					SECTION	TOWNSHIP	RANGE	COUNTY					
5-9.14	1476	James P	taver :	Foutus 2	SW 18	17	22	Mi					
CUSTOMER	2	,											
Butle	<u>r retro</u>	leym		TRUCK #	DRIVER	TRUCK #	DRIVER						
	- · ·	~ ~		730	HlaMad	Gater	Meet						
<b>P</b> .O. E	<u>ox 136</u>			368	BrINCO								
CITY	Ц	STATE	ZIP CODE		369	MikHag							
VanAle	yne		7549	5	510	Jas Ric							
JOB TYPE	ng string	HOLE SIZE	6 3/4	HOLE DEPTH	620	CASING SIZE & W	EIGHT	2					
CASING DEPTH	610	DRILL PIPE					OTHER	•					
SLURRY WEIGH	т	SLURRY VOL		CEMENT LEFT IN CASING Ves									
SLURRY WEIGHT SLURRY VOL WATER gal/sk CEMENT LEFT IN CASING Vest DISPLACEMENT 9,53 DISPLACEMENT PSI 800 MIX PSI 300 RATE 4600													
REMARKS: 14	eld ne	etine. 1	Estal	lishedre	ate. N	lixed +	PUMPE	0					
100 #	e el fo	lauged	<u></u>	3/2 11	die m	Ken n	1:xed	<u>~</u>					
Channe X	1 90	DON T	750		+ slus	207 001	N Va 5	<u>₽_1</u>					
Plaga			k C	Cemen		a la sel	charles !						
"Phenoseal per sack. Circulated dye. Flushed pump													
Fumpe	n prus		<u> 221 15</u>	500	1 4	igred c	ement						
_N/C//	nelac	000 10			ray:								
							1						
Butle	×				Aln	~ Ma	ger_						
ACCOUNT					1,000								
CODE			DESCRIPTION of SERVICES or			RODUCT	UNIT PRICE	TOTAL					
5401	1		PUMP CHA	RGE		368		108500					
3401	2	$\overline{\mathcal{D}}$	MILEAGE		· · · · · · · · · · · · · · · · · · ·	312	· · · · · · · · · · · · · · · · · · ·	0400					

5401	1	PUMP CHARGE		368		10850
3406	20	MILEAGE		368		8400
5402	610	casing to	otage	368		
5407	Min	ton mile		510		36800
55026	<i>2</i>	80 Vac		369	·	20000
1124	<u> </u>	50150 LEN	rent		112700	
1118B	265#	gel			58.30	
1107A	49#	Phenoscal			6/0 15	
			Material hess 30	syb	1251.45	
ļ			<u>hess</u> 30	2%	-375,44	
				lerial	Fotal	876.01
4404		41/2 plug				47.25
•						······
			. <u> </u>		3135.05	
	$\square$				SALES TAX	70,63
Ravin 3737	1 A				ESTIMATED TOTAL	2730,89
AUTHORIZTION		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