

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
8/20/14		Green #5	2	17	22	Meade
Customer Honey Well		Mailing Address				
		City State Zip Code				

Job Type plug Hole Size 5 5/8 Hole Depth 740 Casing Size & Weight 2 7/8
Casing Depth 740 Drill Pipe _____ Tubing _____ Other _____
Displacement 4.6 Displacement PSI 400 Mix PSI 200 Rate 4 BBL
Remarks Run 1" to Bottom & Filled up

Account Code	Quantity or Units	Description of Services or Product	Unit Price	Total
		Pump Charge		900
		Cement Truck		250
		Water Truck		150
	75	Cement	10	750
		Gel		
		Plug		
		<u>pulling out</u>		250
			Sales Tax	
			Estimated Total	2300

Authorization [Signature] Title Owner Date 8-20-14
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.