



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER **47703**

LOCATION Gabley Co.

FOREMAN Darren

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

Ko.

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
9/23/14	2199	Bradshaw 3-12	12	23	41	Hamelton	
CUSTOMER <u>Chesapeake</u>		Syracuse N To Rollis 1/4w N into		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS				731	Cory		
				693	Robert		
CITY		STATE	ZIP CODE	528	Cody		
					Colin		

JOB TYPE DHP HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 138 SLURRY VOL 1.42 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting Rig up on Well Head mix 170 SKs 6 3/4 4% Gel 1/4 Floseal pressure to 400* mix 35 SKs in Back side + Top of casing 5 SKs. Rig Down

AFE # 803278

Thanks Darren + Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405A	1	PUMP CHARGE	\$650.00	\$650.00
5406	75	MILEAGE	\$5.25	NC
5407A	9.03	Ton Mileage Delivery	\$1.75	\$1185.18
1131	200 SKs	6 3/4 4% mix	\$15.86	\$3330.60
1118B	722 *	Bentonite	\$0.27	\$194.94
1107	53 *	Floseal	\$2.97	\$157.41
1105	200 #	Cotton Seed Halls	\$0.58	\$116.00
			SubTotal	\$5634.13
			Less 10%	\$563.41
			SubTotal	\$5070.72
			SALES TAX	
			ESTIMATED TOTAL	

Ravin 3737

AUTHORIZATION Dennis Dried

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