



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 46669
LOCATION Oakley KS
FOREMAN Jerry Y

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-15-14	2199	Gould A3-11	11	22S	41W	Hamilton
CUSTOMER <u>Chesapeake</u>			Syracuse N+08 1 1/2 E thru farm			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			731	Jeremy R		
STATE			693	Kelly G		
ZIP CODE			529 T127	Cody R		
			assist	Collins		

JOB TYPE AWP HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 3/8 OTHER _____
 SLURRY WEIGHT 13.8 SLURRY VOL 1.42 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on rig upon wellhead mix 140 sks with 200# hulls & displace 17 1/2 bbl & press to 500# by hole T.O.C. @ 735' perf @ 290' run tubing to 700' mix 50 sks pull tubing & top off with 40 sks circulating cement up the backs. it is well total 230 sks @ 0/40 4% 1/4" flo seal

*Thanks
Jerry & crew*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405A	1	PUMP CHARGE	875 ⁰⁰	875 ⁰⁰
5406	7.5	MILEAGE	52 ²⁵	393 ⁷⁵
5407A	9.9	ton mileage delivery	17 ⁷⁵	178 ²⁵
1131	250 sks	6040 poz mix	1586	3965 ⁰⁰
1186	860 #	gel	27	232 ²⁰
1107	63 #	Flo seal	292	187 ¹¹
1105	200 #	Hulls	58	116 ⁰⁰
			Subtotal	6950 ³¹
			less 10% disc	695 ⁰³
			Subtotal	6255 ²⁹
			SALES TAX	
			ESTIMATED	
			TOTAL	

AFE 802976
Dennis J. Jind 9-15-14

AUTHORIZATION _____ 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.