



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 271153

Invoice Date: 09/18/2014 Terms: 0/30/10,n/30

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SHAWMAR OIL & GAS
P.O. BOX 9
MARION KS 66861
(620)382-2932

MOSS #1
46440
22/18/4E
09/17/2014
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	115.00	13.1800	1515.70
1102	CALCIUM CHLORIDE (50#)	230.00	.7800	179.40
1118B	PREMIUM GEL / BENTONITE	460.00	.2200	101.20
1107	FLO-SEAL (25#)	50.00	2.4700	123.50

Sublet Performed	Description	Total
9996-180	CEMENT MATERIAL DISCOUNT	-575.94

	Description	Hours	Unit Price	Total
446	CEMENT PUMP	1.00	1085.00	1085.00
491	MIN. BULK DELIVERY	1.00	368.00	368.00

Amount Due 3519.66 if paid after 09/28/2014

Parts:	1919.80	Freight:	.00	Tax:	102.80 AR	2899.66
Labor:	.00	Misc:	.00	Total:	2899.66	
Sublt:	-575.94	Supplies:	.00	Change:	.00	

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

PONCA CITY, OK
580/762-2303

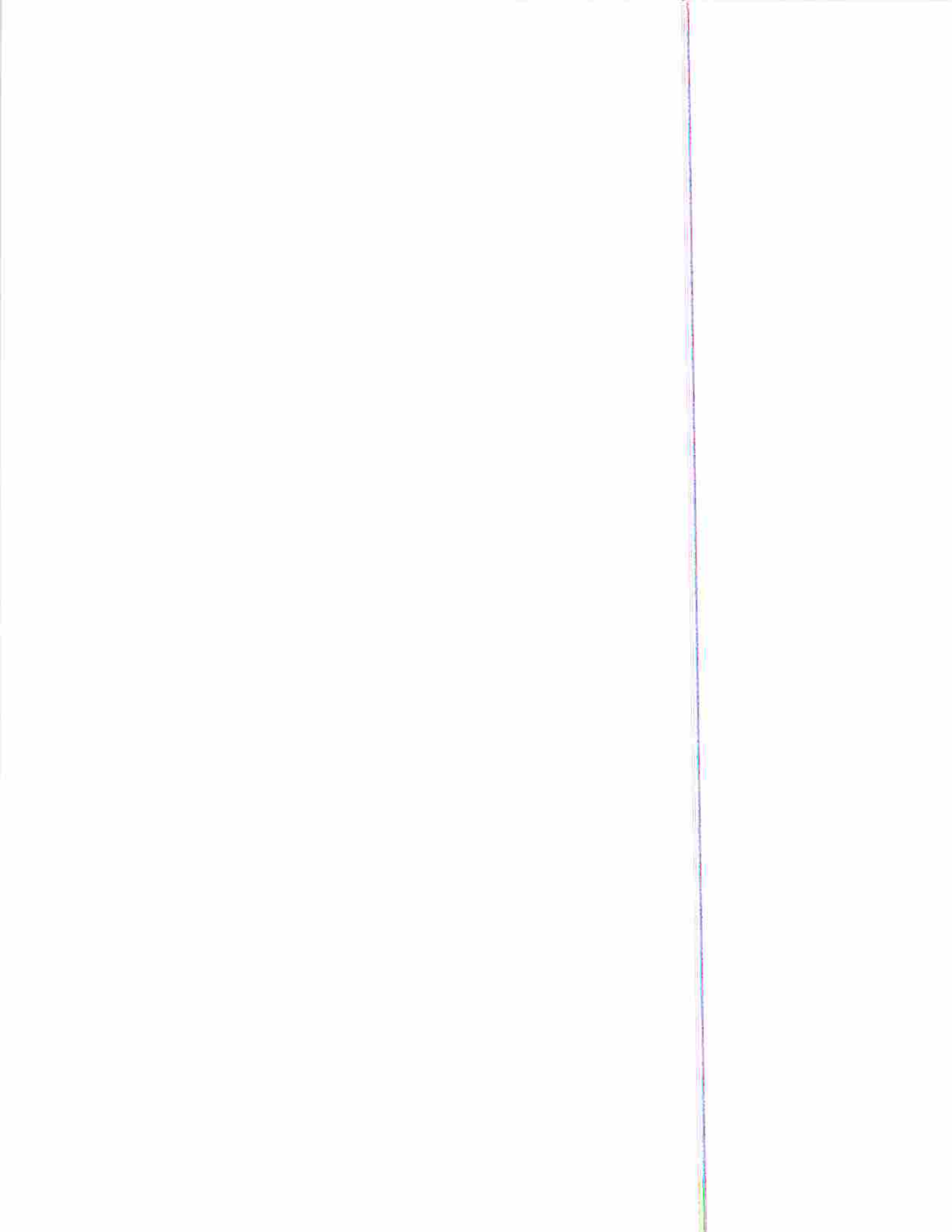
OAKLEY, KS
785/672-8822

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5289

GILLETTE, WY
307/686-4914

CUSHING, OK
918/225-2650





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

271153

TICKET NUMBER 46440
LOCATION 180
FOREMAN Jeff Shell

FIELD TICKET & TREATMENT REPORT

CEMENT API 15-115-19270-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9/17/14	7665	MOSS # 1	22	18	4 E	Marion
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Shawnee oil & Gas			496	Josh		
MAILING ADDRESS			491	Brandon		
1116 E Main PO Box 9			539	Jeff		
CITY	STATE	ZIP CODE				
Marion	KS	66861				

JOB TYPE Plug B HOLE SIZE 8 1/2" HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 3/8" OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting, Ran Tubing into a soft brake circ. Pumped 115 SKS
60/40 poz mix 4% gel 2% calcium 1/2 lb poly to surface & Pulled Tubing
hole standing full

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
		MILEAGE	N/C	N/C
5407	1	Min bulk delivery	368.00	368.00
1131	115 SKS	60/40 poz mix	13.18	1515.70
1102	230 lbs	calcium Chloride	.78	179.40
1118B	460 lbs	Gel	.22	101.20
1107	50 lbs	Polyflake	2.47	123.50
			Subtotal	3372.80
		Minus 30% material	Discount	575.94
			Subtotal	2796.86
			SALES TAX	102.80
			ESTIMATED TOTAL	2899.66

Revised 3/737 AUTHORIZATION [Signature] TITLE Master Worker 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.

