



CONSOLIDATED
Oil Well Services, LLC

2/1/602

COPY

TICKET NUMBER 46689
LOCATION Osage KS
FOREMAN Jerry Y

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

**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-6-14	2930	Barenberg 1-7	7	25	31W	Rawlins
CUSTOMER Forestar			TRUCK #			
MAILING ADDRESS			DRIVER		TRUCK #	
CITY			DRIVER		TRUCK #	
STATE			DRIVER		TRUCK #	
ZIP CODE			DRIVER		TRUCK #	

JOB TYPE PTA HOLE SIZE 7 7/8 HOLE DEPTH 3985 CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE 4" TUBING _____ 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 Excell 10 plugs as ordered with 2.55 sks
60/40 pozmix 49 gal 1/4" flow seal
50 sks @ 2475'
100 sks @ 1875'
50 sks @ 275'
10 sks @ 40' with 8 9/8 woodr plug
16 sks mh 30 sks Rh

Thank you
Jerry & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	139.50	139.50
5406	85	MILEAGE	5.25	446.25
5407+	11	ten mileage delivery	1.75	1636.25
1131	255 sks	60/40 pozmix	15.86	4044.30
1136	877 #	gel	.27	236.79
1107	64 #	flow seal	2.92	190.08
4432	1	8 9/8 woodr plug	100.25	100.25
			80.00	80.00
			70.00	70.00
			50.00	50.00
			Subtotal	8049.42
			less 1076.20	804.94
			Subtotal	7244.48
			SALES TAX	325.07
			ESTIMATED TOTAL	7569.55

Ravin 3737

AUTHORIZATION [Signature] 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.