



CONSOLIDATED
Oil Well Services, Inc

INVOICE # **802137**

TICKET NUMBER 48480
LOCATION El Dorado
FOREMAN Fuzzy

JM 1094 FT 1048

PO Box 894, Chanute, KS 66720
820-431-9210 or 800-467-9676

FIELD TICKET & TREATMENT REPORT
CEMENT

123

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-23-14	4960	Norman 9-24-5	4	15	15E	Brown
CUSTOMER Pumping Cores Petroleum			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			760	Cholis		
CITY			713	Terry		
STATE			574	Mark		
ZIP CODE			681	Steven		

JOB TYPE 2 stage Top HOLE SIZE 7 1/8 HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2 x 15.5
 CASING DEPTH 2665 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 10.5 SLURRY VOL _____ WATER gals/k _____ CEMENT LEFT IN CASING _____
 DISPLACEMENT 63.2 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Sunday 6/5. Pump 5 bags water. mix 330 lbs betwops 8 good + 20 gal + 6 Kalsol w 1/2 poly chloride wash pump and lines. Deep play and displace 64 bags water 750 lit close DV Tool @ 1700 ft

Cement did circulate approx 25 to 30 top bit

Thanks Fuzzy crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	100	MILEAGE	4.50	N/C
5407A	14.1 tons	Ten mile rate bitivity	141	1985.10
1131	330 SKE5	60/40 pps	128	4344.90
1185	2300#	Gel	2.22	506.00
1102	600#	Calcium chloride	78	468.00
1107	175#	Poly chloride	247	432.25
110AN	2000#	Kalsol	46	920.00
5501C	16 hrs	Water Transport	120.00/hr	1920.00
1123	5000 gal	city water	17.30	86.30
		Subtotal		11755.35
		SALES TAX	7.65	517.30
		ESTIMATED TOTAL		12,272.55

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