

910 634

SALES TAX **ESTIMATED** TOTAL

DATE

PO Box 884, Chanute, KS 66720

FIELD TICKET & TREATMENT REPORT

20-431-9210 or	800-467-8676	j		CEMENT				OO! DIT!
DATE	CUSTOMER #	WEL	L NAME & NUMB	ER	SECTION	TOWNSHIP	RANGE	COUNTY
8/21/14	7752	Baker =	#SCZ-I	8	NEAG	18	್ತು ಎ	M
USTOMER	Dasa se ac	<		i i	TRUCK #	DRIVER	TRUCK #	DRIVER
SC 7 Resources					725	Casken	Valety	Meeting
BLE14 Cedargur Dr					666	KeiCar	V	
ITY STATE			ZIE-CODE -	1 [598	Tro Hor	V	
Howston		TX	49mg		675	Kei Det	/	
OB TYPE OW	gstring.	HOLE SIZE	55/2"	HOLE DEPTH	420'	CASING SIZE &	WEIGHT 27%	"EVE_
ASING DEPTH_		DRILL PIPE		TUBING			OTHER	
LURRY WEIGHT SLURRY VOL_				WATER gal/sk CEMENT LEFT i				
DISPLACEMENT	2.36 bbs	DISPLACEME	NT PSI	PSI RATE_TO				2 11
REMARKS: HOL	1 contract u	reeting a	Hobi ished c	impletion	n, mixed	t ourgod	100 # GO	16 Cource
n 10 LLI	Level 1.00	for This	and of mount	DON 4X 4	ste owe	CELLIPLIT W	13# Fol	real sec
sk, ceine	est to su	relace, th	what pun	o door	, goursed	2/3 " why	or plus to	casing
10 w/ 6	2.36 6615	ctly wa	ter presen	pred to	SQ OCT	1, relassad	6 x56531d	sust m
asing.								
						$ \wedge$	0	
	, ,		1.07			-/-	15	
well held	pressure +	50 30 W	in MIT			-		
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ACCOUNT							I I I I I I I I I I I I I I I I I I I	Torri
CODE	QUANITY or UNITS		DESCRIPTION of SERVICES or PRODUCT			UNIT PRICE	TOTAL	
5401	/		PUMP CHARGE				1085.00	
5406	30 mi		MILEAGE				126,00	
5402	4071		COSTAG	footage				
5407	1/2 min		ton mileage				184.00	
2209C	140			rc _				100,00
UPCON-	, , , ,							
								, ,
1126	48 8	Ses	OWC	cement			948.00	V
\$/118 B	100 4		60	•			22.00	/
1170A	240 1		Koback		-		110.40	V
1123	1.68		CityW	ater			29.06	V
цаз	/* U/A		1	aret a	w	oterials	1109.40	,
						30%	332.84	<i>(</i> <i>(</i>)
						Subtotal	2	776.6. 29.50
4402		/	2/3"	abber ple	r.			29.50
111/		-		1)			
							2721.09	
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AUTHORIZTION 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.