



CONSOLIDATED
Oil Well Services, LLC

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

1922
1803

TICKET NUMBER 47893
LOCATION Oakley Ks
FOREMAN Jerry Y

FIELD TICKET & TREATMENT REPORT
CEMENT INVOICE #83137

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-25-15	1751	Simminger A 125	25	015	33W	Rawlins
CUSTOMER <u>Bow Creek</u>			Altoood ds N to curve 5 miles E 1 1/2 N W into			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			772 7118	Michael R		
STATE			460	Collins		
ZIP CODE						

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 325 CASING SIZE & WEIGHT 8 5/8 24#
 CASING DEPTH 311 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 20'
 DISPLACEMENT 18 1/2 bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting & rig upon Val 17 break circulation with rig tree hookup to truck & mix 225 sks com class A cement 3% CC 2% gel wash up + displace with 18 1/2 bbl fresh water + shut in circulated approx 2 bbl to pit

Cement did
circulate

Thank you
Jerry & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54013	1	PUMP CHARGE	1150.00	1150.00
5406	60	MILEAGE	52	3150.00
5407A	10.6	ton mileage delivery	15	1130.00
11045	225 sks	com class A cement	18.55	4173.75
1102	635 #	calcium chloride	94	596.90
1118b	423 #	gel	27	11421
1111	100 #	salt	NC	NC
			Subtotal	7462.86
			less 15% disc.	1119.43
			Subtotal	6343.43
			SALES TAX	328.02
			ESTIMATED TOTAL	6671.46

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.



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
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2013

1986
INVOICE # 803318

TICKET NUMBER 46586
LOCATION Oakley, KS
FOREMAN Kelly Gabe

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
2-1-15	1751	Simlinger A 125	25	15	33 ^W	Rawlins ^{KS}	
CUSTOMER Bow Creek		STWOOD N TO CURVE 5E 1 1/2 N W into		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS				731	COBY		
CITY		STATE		693	COLIN		
ZIP CODE							

JOB TYPE RTA HOLE SIZE 7 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting, rigged up on val #7 mixed cement + plugs + displaced as ordered
50 @ 2850
100 @ 2100
50 @ 350
10 @ 40
30 RH
15 MH

Thank you Kelly + crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	1395.00	1395.00
5406	60	MILEAGE	5.25	315.00
5407A	10.96	Ton mileage delivery	175	1151.32
1131	255 SKS	60/40 POZ	15.80 15.80	4044.30
1118B	877 #	6el	.27	236.79
1107	641 #	Flt-seal	2.97	189.34
1111	100 #	salt	NC	NC
			Sub	7331.75
			Leads 15.90	1099.76
			Total	6231.99
			SALES TAX	300.19
			ESTIMATED TOTAL	6532.18

RAVIN 3737 AUTHORIZATION [Signature] TITLE _____ DATE 2-1-15

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