

# Town Oilfield Service

P.O Box 339 Louisburg, Ks 66053  
913-837-8400

Ticket Number \_\_\_\_\_  
Location \_\_\_\_\_  
Foreman \_\_\_\_\_

## Field Ticket & Treatment Report Cement

Date	Customer#	Well Name & Number	Section	Township	Range	County
6-25-15		Hover #1	35	17	21	MI
Customer		Mailing Address				
		City	State	Zip Code		

Job Type long string Hole Size 5 5/8 Hole Depth 600 Casing Size & Weight 2 7/8  
 Casing Depth 572 Drill Pipe \_\_\_\_\_ Tubing \_\_\_\_\_ Other \_\_\_\_\_  
 Displacement 4.6 Displacement PSI 500 Mix PSI 350 Rate 4 BPM

Remarks \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Account Code	Quantity or Units	Description of Services or Product	Unit Price	Total
		Pump Charge	700	700
		Cement Truck		250
		Water Truck		0
	110	Cement	8	880
		Gel		0
		Plug		25
			Sales Tax	
Estimated Total				1855

Authorization [Signature] Title \_\_\_\_\_ Date 6-25-15

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.

