

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
10-30-15		Kover #2	35	17	21	MI
Customer			Mailing Address			
			City	State	Zip Code	

Job Type long string Hole Size 5 5/8 Hole Depth 580 Casing Size & Weight 2 7/8
 Casing Depth 557 Drill Pipe _____ Tubing _____ Other _____
 Displacement 4.6 Displacement PSI 400 Mix PSI 350 Rate 4 BPM

Remarks _____

Account Code	Quantity or Units	Description of Services or Product	Unit Price	Total
		Pump Charge		700
		Cement Truck		250
		Water Truck		0
	95	Cement	8	760
		Gel		
		Plug		25
			Sales Tax	
Estimated Total				1735

Authorization [Signature] Title _____ Date 10-30-15

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.

