

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
8-25-15		Dempsey #15 #21	29	17	21	FR
Customer			Mailing Address			
			City	State	Zip Code	

Jcb Type Plug Hole Size 5 5/8 Hole Depth 740 Casing Size & Weight _____
 Casing Depth _____ Drill Pipe _____ Tubing _____ Other _____
 Displacement _____ Displacement PSI _____ Mix PSI _____ Rate _____

Remarks Run 1" to bottom & filled with
Class A cement to top.

Account Code	Quantity or Units	Description of Services or Product	Unit Price	Total
		Pump Charge		
		Cement Truck		
		Water Truck		
	<u>200 sacs</u>	Cement		
		Gel		
		Plug		
			Sales Tax	
Estimated Total				<u>1000</u>

Authorization [Signature] Title _____ Date 8-25-15

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.

