



REMIT TO
 Consolidated Oil Well Services, LLC
 Dept:970
 P.O.Box 4346
 Houston, TX 77210-4346

MAIN OFFICE

P.O.Box884
 Chanute, KS 66720
 620/431-9210, 1-800/467-8676
 Fax 620/431-0012

Invoice Invoice# 805796

Invoice Date: 09/29/15 Terms: Net 30 Page 1

PHILLIP OIL PROPERTIES INC.
 733 North Baltimore
 Derby KS 67037
 USA
 316-295-4335

FERGUSON #1

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE2001	Additional Hours, Per Cement Pump/Hour	3.000	250.0000	40.000	450.00
CE0002	Equipment Mileage Charge - Heavy Equipment	50.000	0.0000	0.000	0.00
CE0711	Minimum Cement Delivery Charge	1.000	660.0000	40.000	396.00
CC5829	Lite-Weight Blend V (60:40:4)	22.000	16.0000	40.000	211.20
Subtotal					1,762.00
Discounted Amount					704.80
SubTotal After Discount					1,057.20

Amount Due 1,786.64 If paid after 10/29/15

Tax: 14.79
 Total: 1,071.99

VEN. NO. London WELL # FERGUSON-01
 ACCT. # 74561 AMT. \$1071.99
 ACCT. # _____ AMT. _____
 ACCT. # _____ AMT. _____
 ACCT. # _____ AMT. _____

Stamp: **PAID**
 Date: 10/2/15



CONSOLIDATED
Oil Well Services, LLC

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

Um 4286
ft 4201
Invoice # 805796

TICKET NUMBER 48384
LOCATION 120
FOREMAN Jacob Storm

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-24-15	6293	Ferguson #1	3	34S	3E	Sumner
CUSTOMER Phillips oil						
MAILING ADDRESS 1822 S. Mead						
CITY Wichita		STATE KS	ZIP CODE 67211			

TRUCK #	DRIVER	TRUCK #	DRIVER
603	Tracy		
667	Terry		
702	Jacob		

JOB TYPE plug B HOLE SIZE _____ 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: softy meeting top Hole off with 22 sks 60/40 p22 4 1/2 gel.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE2001	3	PUMP CHARGE	250.00	750.00
CE0002	50	MILEAGE	7.15	NIC
CE0711	1	min delivery	660.00	660.00
CC5829	22	60/40 4 1/2 gel	16.00	352.00
			Subtotal	1762.00
			40%	704.80
			total	1057.20
			790	SALES TAX
				ESTIMATED TOTAL
				14.79
				1071.99

Rev'n 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