



**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 49054  
LOCATION Engling, Ok  
FOREMAN Bill S.

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

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-13-15		Gordon tract 123	23	32S	15E	Mont.
CUSTOMER <u>Drut</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			70	Mike		
CITY			70	Justin		
STATE						
ZIP CODE						

JOB TYPE Production HOLE SIZE 6 3/4 HOLE DEPTH 1523 CASING SIZE & WEIGHT 4 1/2 10.5  
CASING DEPTH 1502' DRILL PIPE \_\_\_\_\_ TUBING 2 7/8 OTHER \_\_\_\_\_  
SLURRY WEIGHT 13.9/14.9 SLURRY VOL 53 bl. WATER gal/sk 8/65 CEMENT LEFT in CASING 0  
DISPLACEMENT 5.65 gal DISPLACEMENT PSI 1000 MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Leaded casing, tested collar to 100 psi, tool man drilled collar open. Pumped Col pad plus 24 bl. H<sub>2</sub>O, mixed lead cement (type 'A') w/ additives @ 13.9 followed by tail cement mixed @ 14.8 (15/90). tool man closed tool w/ test to 1000 psi. Backwashed @ 1472' 26 bl. H<sub>2</sub>O circulated out cement, ran in tag bottom backwashed again w/ 30 bl. H<sub>2</sub>O.

85 SKS lead mixed @ 13.9 lb/gal.  
100 SKS Tail mixed @ 14.8 lb/gal.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE 0451	1	PUMP CHARGE 1501'-3000'	1900. <sup>00</sup>	1900. <sup>00</sup>
CE 0007	75 miles	MILEAGE Pick up	3. <sup>00</sup>	225. <sup>00</sup>
CE 0002	75 miles	Pump Truck / Heavy Equip. Mileage	7.15	536. <sup>25</sup>
CE 0710	652	Cement Delivery Charge	1.75 ton/mi	1141. <sup>00</sup>
CC 5800	145 SKS	Type A Cement	20. <sup>00</sup>	3700. <sup>00</sup>
CC 5965	500 lb.	Britonic	.30	240. <sup>00</sup>
CC 5326	1150 lb.	Sodium Chloride	.75	862. <sup>50</sup>
CC 6077	1100 lb.	Kal Seal	.50	550. <sup>00</sup>
CC 6079	60 lb.	Pheno Seal	1.35	108. <sup>00</sup>
CC 5878	600	Carbaram	.75	450. <sup>00</sup>
		Discount 52.5%		
		4977.73		
MG		6.5%	SALES TAX	9772.75
			ESTIMATED TOTAL	38111.9
				10076.93

RAVIN 3737  
AUTHORIZATION Will Bales 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.