



CONSOLIDATED
Oil Well Services, LLC

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

3824 / 3748
INVOICE # 805313

TICKET NUMBER **49784**

LOCATION Alon Mader

FOREMAN DTaug

FIELD TICKET & TREATMENT REPORT

CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-5-15	4807	Cress L017	SW 22	25	17	W/O
CUSTOMER			TRUCK #			
Lake shore operating			DRIVER			
MAILING ADDRESS			TRUCK #			
40 Carolyn Jerguson CPA			DRIVER			
CITY			STATE			
Wichita			ZIP CODE			
			KS 67211			

JOB TYPE _____ HOLE SIZE 5 7/8 HOLE DEPTH 800 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 793 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 4.6 DISPLACEMENT PSI 800 MIX PSI 600 RATE 4 bpm

REMARKS: Held meeting. Established rate. Mixed & pumped 100# gel followed by 86 gks Poz Blend II. A plus 4.9# gel, 5# Kaloseal, 1/2# Phenoseal per pack. Circulated cement. Flushed pump. Pumped plus to casing TD. Well held 800 PSI. Set float.

Zack Jackson

Alon Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	368 1500.00	
CE0002	40	MILEAGE	368 286.00	
CE0711	min	ten miles	510 600.00	
WE0851	3	80 vac	675 300.00	
		sub	2746.00	
		less 39%	1070.94	1675.06
5575 CR5842A	86	Poz Blend II	1268.50	
CC5965	396#	gel	118.80	
CC6077	430#	Kaloseal	215.00	
CC6079	43#	Phenoseal	58.05	
CP8176	1	2 1/2 plus	45.00	
		sub	1705.35	
		less 39%	665.09	1040.26
		7.5	SALES TAX	28.02
			ESTIMATED TOTAL	2793.35

Revin 3737

AUTHORIZATION _____ TITLE _____ DATE (4579.25)

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.