CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 49632
LOCATION Oakley, KS
FOREMAN Kelly Babcock

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
1-21-16	2199	Osborne 1-31	31	23S	40W	Hamilton KS

CUSTOMER: Chesapeake
MAILING ADDRESS:
CITY | STATE | ZIP CODE:

Syracuse 1½ N ½ E into

TRUCK #	DRIVER	TRUCK #	DRIVER
431	Cody		
529 T127	Keith		

JOB TYPE OHP HOLE SIZE ____ HOLE DEPTH ____ CASING SIZE & WEIGHT 4½
CASING DEPTH ____ DRILL PIPE ____ TUBING 2 3/8 OTHER ____
SLURRY WEIGHT ____ SLURRY VOL ____ WATER gal/sk ____ CEMENT LEFT in CASING ____
DISPLACEMENT ____ DISPLACEMENT PSI ____ MIX PSI ____ RATE ____

REMARKS: Safety meeting rigged up on well, mixed 355 SKS 60/40 4% gel ¼# Flo-seal with 150# Hulls + displaced to 1800' Pull pressured to 500# ran tubing to 1653, mixed 73 SKS + displaced To bring cement up TO 500', pulled tubing to 500' mixed 35 SKS to circulate, mixed 5 SKS to top off casing
washed up rigged down

Thank You
Kelly + Crew

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0470	1	PUMP CHARGE	950.00	950.00
CE0002	100mi	MILEAGE	7.15	715.00
CE0710	6.45	Ton mileage delivery	1.75	1128.75
CC5829	150 SKS	Lite weight Blend II	16.00	2400.00
CC6075	37.5#	celloflake	2.00	75.00
CC6080	150#	cotton seed Hulls	.50	75.00
	AFE # 803627			
			Sub	5343.75
			less 3500	1870.31
			Total	3473.44
			SALES TAX	
			ESTIMATED TOTAL	

Ravin 3737

AUTHORIZTION Dennis Field TITLE ____ DATE 1-21-16

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.

PIONEER

Every Project Is Personal

Pioneer Wireline Services, LLC

Phone: 785.625.3858
Fax: 785.625.8635

Service Order No.
1 – 50766

Date: 12-11-14

Client Info	Company				Client Order #			
	Billing Address		City		ST	Zip		
Well Info	Lease & Well #		Field Name		Legal Description (coordinates)			
	Nearest Town	County / Parish	ST	Rig	Permit #	Price Zone	Casing Size	Casing Weight
	Fluid	Level (surf.)	Reading from	Customer T.D.	Pioneer T.D.	Elevation	KB Elevation	
Crew	Engineer	Truck Driver	Crew Members			Unit #	Miles	

Product Code	Description	Q-ty	Unit Price	Depth From	Depth To	$ Amount

THE UNDERSIGNED HEREBY CERTIFIES THAT HE HAS FULL AUTHORITY TO ENTER INTO THIS CONTRACT ON BEHALF OF THE CLIENT AND AGREES TO THE TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE HEREOF.

SUBTOTAL	
DISCOUNT	
SUBTOTAL	
TAX	
NET TOTAL	

Client Approval

Name Printed _____ Signature / Date _____

Pioneer Field Representative

Name Printed _____ Signature / Date _____

PIONEER OFFICE USE ONLY – Manager Approval

Name Printed _____ Signature / Date _____