



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 51152
LOCATION GL Donado
FOREMAN Fuzzz

FIELD TICKET & TREATMENT REPORT
CEMENT

APF # 15-035-23984-00-01

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-15-16		MARRS #3	31	34	3	Rowley
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
MARRS Marilyn W. Rowley Tru			603	Tracey		
MAILING ADDRESS			491	Jeremy		
28784 11 th Rd			628	Fuzzz		
CITY	STATE	ZIP CODE				
Arkansas City	Ks	67005				

JOB TYPE AWP HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 4 1/2 / 7 1/2
 CASING DEPTH _____ DRILL PIPE 2 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 on Bams well service. Establish circulation
mix 25sks 60/40 4% cel 3% cc w/ hulls @ 1508' wait cement
1 1/2 hrs Tag at 1350' solids 1448'. Perf @ 304' mix
75sks 60/40 4% cel 3% cc with cottonseed hulls. Pull all tags
and top off w/ 70sks cement fill casing and circulate R side
to surface.
120sks Total

Thanks Fuzzz
+ crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
660450	1	PUMP CHARGE	1500 ⁰⁰	1500 ⁰⁰
660002	60	MILEAGE	7.15	429 ⁰⁰
660711	5.2400	Tow mileage Delivery (min)	660 ⁰⁰	660 ⁰⁰
665829	120	60/40 pos 4% cel	16 ⁰⁰	1920 ⁰⁰
665325	300#	Calcium Chloride	1 ⁰⁰	300 ⁰⁰
666080	100#	Cottonseed hulls	0.50	50 ⁰⁰
		Subtotal		4859 ⁰⁰
		less disc		2186 ⁵⁵
		Subtotal		2672 ⁴⁵
		SALES TAX		
		ESTIMATED TOTAL		

Ravin 3737

AUTHORIZATION [Signature] TITLE Contractor 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.