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CONSOLIDATED
Oil Well Services, LLC

Invoice # 807236

TICKET NUMBER 49947
LOCATION Albany, KS
FOREMAN Cathy Kennedy

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
3/7/16	4709	Blades # 2-16 SWD	SE 9	24	16	WO
CUSTOMER Lawman Oil II						
MAILING ADDRESS 1998 Squirrel Rd						
CITY Neosho Falls		STATE KS	ZIP CODE 666758			

TRUCK #	DRIVER	TRUCK #	DRIVER
729	Cosken	Sally	Locking
407	KeiCar		
806	Ar/McD		

JOB TYPE log string HOLE SIZE 6 3/4" HOLE DEPTH 1720' CASING SIZE & WEIGHT 4 1/2"
 CASING DEPTH 1314' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 20.91 lbs DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: well safety meeting, established circulation, mixed & pumped 100 # Gel followed by 5 bbls fresh water, mixed & pumped 156 sts Portland IA cement w/ 2 1/2 gal per st, flushed pump clean pumped 4 1/2" rubber plug to casing 10 w/ 20.91 lbs fresh water, pressured to 500 PSI, well held pressure, released pressure, washed up equipment.

[Handwritten signature]

Customer supplied H₂O + plug

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0650	1	PUMP CHARGE		
CE0002	45 mi	MILEAGE		
CE0711	min	van mileage		
		trucks		
		- 57 %		
		subtotal		
998 CC5840	156 sts	Portland IA		
CC5965	362 #	Gel		
		materials		
		- 57 %		
		subtotal		
			7.5%	
			SALES TAX	
			ESTIMATED	
			TOTAL	

Ravin 5737

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.