



**CONSOLIDATED**  
Oil Well Services, LLC

REMIT TO  
Consolidated Oil Well Services, LLC  
Dept:970  
P.O.Box 4346  
Houston, TX 77210-4346

MAIN OFFICE

P.O.Box884  
Chanute,KS 66720  
620/431-9210,1-800/467-8676  
Fax 620/431-0012

Invoice

Invoice#

807501

Invoice Date: 04/28/16

Terms: Net 30

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ALTAVISTA ENERGY INC

PO BOX 128  
WELLSVILLE KS 66092  
USA  
7858834057

KNOCHE #9

Tax: 22.28

Total: 976.25



5704  
5009

TICKET NUMBER 50061  
 LOCATION Ottawa KS  
 FOREMAN Fred Maden

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

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

**Invoice # 801501**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-26-16	3244	Knoche #9	SW 16	18	24	MI
CUSTOMER <u>Altavista Energy</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>P.O. Box 128</u>			<u>712 / Fre Mad</u>			
CITY <u>Wellsville</u>			<u>368 / Arl McD</u>			
STATE <u>KS</u>			<u>369 / Mix Haa</u>			
ZIP CODE <u>66092</u>			<u>558 / Kei Car</u>			

JOB TYPE Plug HOLE SIZE ? HOLE DEPTH \_\_\_\_\_ CASING SIZE & WEIGHT 2"  
 CASING DEPTH 500' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING Full.  
 DISPLACEMENT N/A DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 1 B PM

REMARKS: Hold safety meeting. Rig Run 1" tubing down outside 2" to 150'. Fill to surface w/ cement. Run 1" tubing inside 2" to 175'. Fill to surface w/ cement. Pull tubing. Washout tubing.

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
<u>CE0450</u>	<u>1</u>	<u>PUMP CHARGE</u>	<u>368</u>	<u>1500.00</u>
<u>CE0002</u>	<u>-</u>	<u>MILEAGE</u>	<u>N/C</u>	<u>-</u>
<u>CE0711</u>	<u>1/2 minimum</u>	<u>Ton Miles Delivery</u>	<u>558</u>	<u>330.00</u>
<u>WE0853</u>	<u>1 hr</u>	<u>80 BBL Vac Truck</u>	<u>369</u>	<u>100.00</u>
		<u>Sub Total</u>		<u>1930.00</u>
		<u>Less 65%</u>		<u>- 1254.50</u>
				<u>675.50</u>
<u>CC5840</u>	<u>53 sks</u>	<u>Poz Blend IA Cement</u>	<u>715.50</u>	<u>37920.75</u>
<u>CC5965</u>	<u>267 #</u>	<u>Bestonite Gel</u>	<u>80.10</u>	<u>21387.70</u>
		<u>Sub Total</u>		<u>795.60</u>
		<u>Less 65%</u>		<u>- 517.14</u>
				<u>278.46</u>
			<u>6%</u>	<u>SALES TAX</u>
				<u>22.25</u>
				<u>ESTIMATED TOTAL</u>
				<u>976.25</u>

8374

Flavin 3737

AUTHORIZATION Byron Mills TITLE \_\_\_\_\_ DATE (27 89.25)

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.