

# Town Oilfield Service

P.O. Box 339 Louisburg, Ks 66053  
913-837-8400

Ticket Number \_\_\_\_\_  
Location \_\_\_\_\_  
Foreman \_\_\_\_\_

## Field Ticket & Treatment Report Cement

Date	Customer#	Well Name & Number	Section	Township	Range	County
6-28-16		HP 20	5	16	21	FR
Customer TDR Cont.			Mailing Address			
			City	State	Zip Code	

Job Type Plug Hole Size 2 1/2 Hole Depth 730 Casing Size & Weight \_\_\_\_\_  
 Casing Depth \_\_\_\_\_ Drill Pipe \_\_\_\_\_ Tubing \_\_\_\_\_ Other \_\_\_\_\_  
 Displacement 4.6 Displacement PSI 800 Mix PSI 300 Rate 6 1332 per min

Remarks \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Account Code	Quantity or Units	Description of Services or Product	Unit Price	Total
		Pump Charge		300
		Cement Truck		250
		Water Truck		150
	<u>18</u>	Cement	<u>8</u>	<u>144</u>
		Gel		
		Plug		
			Sales Tax	
			Estimated Total	<u>844</u>

Authorization [Signature] Title \_\_\_\_\_ Date 6-28-16

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.