



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 51310

LOCATION G L Dorado

FOREMAN Fuzz Y

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
7-21-16	1091	Snyder B-#5	31	33	8	Cowley
CUSTOMER AAS Oil Co.			TRUCK# DRIVER TRUCK# DRIVER			
MAILING ADDRESS 2508 Edgemont #4			603	Tracey		
CITY STATE ZIP CODE Arkansas City KS 67005			611	Jeremy		
			681	Jud		
			725	Fuzz Y		

JOB TYPE AWP HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Sams Well Service Rig up and establish circulation from 500' to surface casing and B-side. Mix 140 lbs 60/40 pos 49 gal 49 gal 114# poly flake w/ cottonseed hulls tie on 4 1/2 casing and pump 40 sks cement to fill B-side and casing shut in @ 150#
 180 sks total cement

Thanks Fuzz Y & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
660490	3 hrs	PUMP CHARGE	250.00	750.00
660002	65	MILEAGE	7.15	N/C
660710	7.7 Ton	Ton Mileage Delivery	115	875.87
665829	180 sks	60/40 49 gal	16.00	2880.00
665325	600#	Calcium Chloride	1.00	600.00
666075	50#	Poly. flake	2.00	100.00
666080	100#	Cottonseed hulls	0.50	50.00
		subtotal		5255.87
		less discount		2265.14
		subtotal		2990.73
		SALES TAX		
		ESTIMATED		
		TOTAL		

Ravin 3737

AUTHORIZATION _____ 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.