



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. Box 884
Chanute, KS 66720
620/431-9210, 1-800/467-8676
Fax 620/431-0012

Invoice

Invoice# 808765

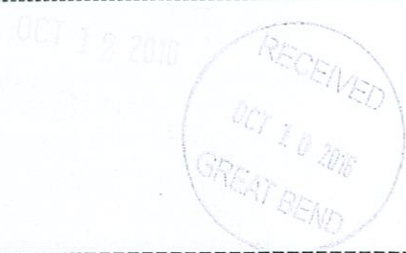
Invoice Date: 10/06/16

Terms: Net 30

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ABERCROMBIE ENERGY
5510 OIL CENTER ROAD SOUTH
GREAT BEND KS 67530
USA
6207938186

MAPES #2
15-039-20,240



Tax: 203.78

Total: 4,240.03

VENDOR NUMBER _____
VOUCHER NUMBER _____
DATE OF RECEIPT _____
ORDER NUMBER _____ AMOUNT _____
1334050 _____
MAPES UN _____
CEMENT TO PLUG WELL #2 _____
APPROVAL _____
VERIFIED ACCURACY _____

507 10-10-11



CONSOLIDATED
Oil Well Services, LLC

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

6797
6696

INVOICE # 808765

TICKET NUMBER 51598
LOCATION Oakley, Ks
FOREMAN Jerry V

FIELD TICKET & TREATMENT REPORT
CEMENT

Ks

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-5-16	1112	Mapes # 2	22	1 S	26 W	Deaator
CUSTOMER			Lyle lw			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
Abercrombie 5510 Oil Center Road South			753	Miles S		
CITY			772-729	Keith C		
STATE						
ZIP CODE						
Gulf Bend						
Ks						
67530						

JOB TYPE OHF HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 3/8 OTHER _____
 SLURRY WEIGHT 13.8 SLURRY VOL 1.42 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting ending upon Wild West plug as ordered with 290 sks
liteblad II
75 sks @ 3245' @ 250# hulls
75 sks @ 2180' @ 250# hulls
75 sks @ 1090' @ 150# hulls circulating cement to surface
20 sks top off
45 sks on annulus
 Thank you
 Jerry & crew

API # 15-039-20,240

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0470	1	PUMP CHARGE	950.00	950.00
CE0002	50	MILEAGE	7.15	357.50
CE0710	12.47	Ton mileage delivery	1.75	1091.15
CC5829	290 sks	liteblad II	16.00	4640.00
CC6080	600#	hulls	50	300.00
			Subtotal	7338.65
			-45%	3302.38
			Subtotal	4036.27
			SALES TAX	203.78
			ESTIMATED TOTAL	4240.03

Ravin 3737

AUTHORIZATION [Signature] TITLE Foreman 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.