



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8678

6424
6824

TICKET NUMBER 50326

LOCATION Oxtown KS

FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-27-16	1564	Holmes # 3-89	NW 35	22	21	LN
CUSTOMER			TRUCK #			
B G - 5 Inc			DRIVER			
MAILING ADDRESS			TRUCK #			
3939 Ellis Rd			DRIVER			
CITY			TRUCK #			
Rantoul			DRIVER			
STATE			TRUCK #			
KS			DRIVER			
ZIP CODE			TRUCK #			
66079			DRIVER			

JOB TYPE Bullhead Plug HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 850' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING Full
 DISPLACEMENT N/A DISPLACEMENT PSI _____ MIX PSI _____ RATE 2 APM

REMARKS: Halt safety meeting. Establish injection rate into well.
Mix + Pump @ 50 SPS For Blend IA Cement 6% Gel. Squeeze
into well @ 800 PSI w/ 5' advanced hls. pressures to
1100 PSI - Shut in casing.

Ballow Well Service

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	175	175.00
CE0002	-	MILEAGE	N/A	
CE0711	1/2 minimum	Ten Miles Delivery	570	110.00
WF0853	1 hr	90 BBL Vac Truck	267	100.00
		Sub Total	1710.00	
		less 65%	1111.50	598.50
CE5540	30 sks	Por A lead IA Cement	405.00	
CE5965	151 #	Benstonite Gel	45.00	
CC6080	5 #	Cottoneered hls	2.50	
		Sub total	452.50	
		less 65%	294.32	158.18
		SALES TAX	10.30	
		ESTIMATED TOTAL	767.28	
		TOTAL	2192.28	

Rev 3/07

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.