



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-8210 or 800-467-8678

6935
4837

TICKET NUMBER 50329
LOCATION Chanute, KS
FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-27-16	1564	Moines # 2-89	NW 35	22	21	LN
CUSTOMER			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS			495 Har Rac			
CITY			367 M. Khan			
STATE			510 Cas Kan			
ZIP CODE			712 Eric Mad			
B G - 5 Inc						
39.39 Ellis Rd						
Rantoul						
KS						
66079						

JOB TYPE Bull head Plug HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 2 3/8
 CASING DEPTH 650? DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING Foot
 DISPLACEMENT N/A DISPLACEMENT PSI _____ MIX PSI _____ RATE 2 BPM

REMARKS: Hold safety meeting. Establish injection rate into well. Mix + pump 30 sacks per bleed IA cement 6% lub w/ 5% Cottonseed hulls. Squeeze into well @ 1000# PSL. Shut in casing.

Bolton Oil Service.

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	495	1500 ⁰⁰
CE0002	-	MILEAGE		N/C
CE0711	1/4 M. Mileage	Tom Miles Delivery	510	110 ⁰⁰
WF0853	1 hr	80 BAL Vac Truck	367	100 ⁰⁰
		Sub Total		1710 ⁰⁰
		6.5% 65%		1111 ³²
				598 ³²
CE5110	30 sacks	Per bleed IA Cement		405 ⁰⁰
CC5365	151#	Bentonite Col		45 ³⁰
CE6080	5#	Cottonseed hulls.		25 ⁰⁰
		Sub Total		452 ⁰⁰
		6.5% 65%		294 ³²
				158 ³²
		6.5%	SALES TAX	10.30
			ESTIMATED TOTAL	767.28
				(2192.33)

Form 9737

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