CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 51878
LOCATION 180
FOREMAN Jacob Storm

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-11-16	8511	Molar #34				Butler

CUSTOMER: Vess oil
MAILING ADDRESS: 1700 waterfront Parkway Bld 500
CITY: | STATE: KS | ZIP CODE:

TRUCK #	DRIVER	TRUCK #	DRIVER
603	Trey		
611	Jeremy		
692	mack		
~~702~~ 522	Jacob		

JOB TYPE Plug HOLE SIZE ____ HOLE DEPTH ____ CASING SIZE & WEIGHT 5 1/2
CASING DEPTH ____ DRILL PIPE ____ TUBING 2 3/8 OTHER ____
SLURRY WEIGHT ____ SLURRY VOL ____ WATER gal/sk ____ CEMENT LEFT in CASING ____
DISPLACEMENT ____ DISPLACEMENT PSI ____ MIX PSI ____ RATE ____

REMARKS: Safty meating, Run tubing to 2434, flush hole mix 75 Sks 60/40 poz 4%gel 3%cc 3 will not the Hulls pull tubing, tag at 1770 ft Pressure test to 250 psi Held Drain Run 345 ft tubing in circulate hole with 40 sks 60/40 poz 4%gel 2%cc pull tubing top off with 10 sks

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0451	1	PUMP CHARGE	1900.00	1900.00
CE0002	3	MILEAGE	7.15	N/C
CE0711	1	min bulk delivery	660.00	660.00
CC5829	125	60/40 poz 4%gel	16.00	2000.00
CC5325	300	calcium chloride	1.25	375.00
CC6080	100	Cotton Seed Hulls	.50	50.00
WE0851	5	80 vac	100.00	500.00
CC6159	5000	city water	.02	100.00
			Subtotal	5585.00
			-	2513.25
			total	3071.75
			SALES TAX	
			ESTIMATED TOTAL	

Ravin 3737

AUTHORIZTION ____ 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.