



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 51447

LOCATION 120

FOREMAN Jacob Storm

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
11-11-16	8511	Edna 1-29	29	255	SE	Butler
CUSTOMER			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
			DRIVER			

JESS Oil
 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: Salty meeting Run tubing to 620 ft mit 75 sks coke
per 4 1/2 gal 2 1/2 cc 100 lbs hulls pull tubing and top of 301 ft
pressure 2 feet to 2500 psi 10 min shot holes at 250 ft the onto
1 1/2 pressure to 250 psi Run tubing to 252 ft 35 sks coke
per 4 1/2 gal 2 1/2 cc to cement to pull tubing and top of

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE 0450	1	PUMP CHARGE <u>WFS</u>	1500.00	1500.00
CE 0002	3	MILEAGE	7.15	NIC
CE 0711	1	min bill delivery	660.00	660.00
CC 5879	120	60/110 4 1/2 gal	16.00	1920.00
CC 5325	250	Calcium Chloride	1.25	312.50
CC 6060	100	Cotton seed hulls	.50	50.00
WE 0851	5	80 vac	1,000.00	500.00
CC 6159	5000	city water	.02	100.00
			Subtotal	5042.50
			=	2269.13
			Total	2773.37
			SALES TAX	
			ESTIMATED TOTAL	

Ravin 3737
 AUTHORIZATION [Signature] 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.