



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 51449
LOCATION 180
FOREMAN Jacob Storm

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-16-16	8511	Brown #24	16	28S	11E	Butler
CUSTOMER <u>Vessol</u>						
MAILING ADDRESS						
CITY						
STATE						
ZIP CODE						
TRUCK #	DRIVER	TRUCK #	DRIVER			
700	Chris					
611	Jeremy					
6	Ron					
577	Jacobs					

JOB TYPE pk HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 3/8 OTHER _____
 SLURRY WEIGHT 14.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Softly treating Ann tubing to 2450 ft mix 75 sls
60/140 4 1/2 gal 2/cc 100 lbs shells, displaced 7.61 pulled tubing
top at 1821 tie onto 5 1/2 preshore to 275psi hold 10 min shot
fills at 300 ft Break circulation mix 115 sls 60/40
4 1/2 gal 2/cc circulating cement to surface

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CF0451	1	PUMP CHARGE	1900.00	1900.00
CF0002	15	MILEAGE	7.15	107.25
CF0711	1	min bulk delivery	660.00	660.00
CF000A				
CF5229	190	60/40 4 1/2 gal	16.00	3040.00
CF5325	350	Calcium chloride	1.25	437.50
CF0060	100	Cotton Seed Halls	5.00	500.00
WE0281	4	80 vac	100.00	400.00
			Subtotal	6594.75
			-	2967.63
			total	3627.12
			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.