

TICKET NUM	BER_	51	9	48	
LOCATION_	EL	001	25.	00	
FOREMAN	E	7			

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

FIELD TICKET & TREATMENT REPORT

620-431-9210 or 800-467-8676 CEMEN I								
DATE	CUSTOMER#	WEL	L NAME & NUME	BER	SECTION	TOWNSHIP	RANGE	COUNTY
12 20-16	7665	Lies	5 5.15	7	13	18	7	EVANGRE
CUSTOMER								
Shawn	4001	GAS			TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRE	SS				760	cheis		
CITY CITY	ALM P.	o. Box	9	3	713	Jud		
CITY		STATE	ZIP CODE		725	60274		
MALLO	100	45	66861					
JOB TYPEA	WP	HOLE SIZE		HOLE DEPTH_	2501	CASING SIZE & W	EIGHT	2
CASING DEPTH DRILL PIPE		TUBING	OTHER					
SLURRY WEIGHTSLURRY VOL		WATER gal/sk	k CEMENT LEFT IN CASING					
DISPLACEMENT		DISPLACEME	NT PSI	MIX PSI		RATE		
	12 My 124						U P A N	
and the	h circu	Jan Eal	down	250	2 1 1 B	be both	ween h	Band S
						Treatment .		
8 11 3	7 645	no and	40000	5 B75	dru	255 /5 6	enen n	, vol
holls								
	75-1	Tot For	al reme	tru				
						Thanks	FUZZY .	1 2844

ACCOUNT	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
E0450		PUMP CHARGE	150000	15000
c 60002	65	MILEAGE	712	964 25
115033		Ton miliage Delivery	66000	660 00
2657029	755 FS	60/40 per 45000	1600	1200
166325	150"	Colour colonide	(= 5	187 20
(16000	50*	Collected holls	,50	25 00
10000				
		5-640401		4037 =
		discount		1937 -
		Takofal		2099 1
			SALES TAX	
ıvin 3737	-		ESTIMATED	

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.