



CONSOLIDATED
Oil Well Services, LLC

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

7238
Field let dec
7138

TICKET NUMBER 51881
LOCATION 180 E Dorado
FOREMAN Jacob Storm

**FIELD TICKET & TREATMENT REPORT
CEMENT**

Invoice # 809257

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-10-16	8531	Hazlett A #48	34	255	SE	Butler
CUSTOMER Vess oil			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 1700 water-front Parkway			603	tracy		
CITY wichita			667	mark		
STATE KS			577	Jacob		
ZIP CODE 67206						

JOB TYPE plug B HOLE SIZE 7 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 1416 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting, Run drill pipe to 4300 ft mix 35 sks
60/40 poz 4 1/2 gel 1/4 cc displaced 4 bbl pull to 60 ft
mix 25 sks 60/40 poz 4 1/2 gel 1/4 cc circulating cement to surface
Run Joint in Rat Hole mix 20 sks 60/40 poz 4 1/2 gel 1/4 cc
Run Joint in Mouse Hole mix 15 sks 60/40 poz 4 1/2 gel 1/4 cc.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1200.00	1500.00
CE0002	1	MILEAGE	7.15	N/C
CE0711	1	min bulk delivery	660.00	660.00
CCS829	100	60/40 4 1/2 gel	16.00	1600.00
CCS325	100	calcium chloride	1.25	125.00
CCG158A	25	Surger	2.00	50.00
			Subtotal	3935.00
			total	2164.25
			Subtotal	3935.00
			45%	1770.75
			total	2164.25
			SALES TAX	65.90
			ESTIMATED TOTAL	2230.15

SCANNED

AUTHORIZATION D. Coulter 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.