

15-017-70869-00-01 LOCATION & LOCATION

TICKET NUMBER FOREMAN TOTAL

PO Box 884, Chanute, KS 66720

AUTHORIZTION\_

## FIELD TICKET & TREATMENT REPORT

020-431-9210	UI 000-407-0076			CEMEN				(45
DATE	CUSTOMER#	WELL	NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
1.19-17	7665	Lips	1.19		19	18	7	Chase
CUSTOMER				Andale				
Showned O. lot Gas			0 1	TRUCK#	DRIVER	TRUCK#	DRIVER	
MAILING ADDRESS				D' Amond	603	TINIOY	Line Lie of the	
1116 6.	main P	0. 3019		Elter	667	Teremy		
CITY	of period wat	STATE	ZIP CODE	To ka	725	Fuzzy	/ all temperature	
MARTON	Antimatical de la	(C 5	16861	exters:				
JOB TYPE	Awt	HOLE SIZE		HOLE DEPTH	Open S. D. or Tell	CASING SIZE & W	EIGHT_	2 s mannez sa
CASING DEPTH		DRILL PIPE		TUBING	318	de la penales de	OTHER	
SLURRY WEIGHT SLURRY VOL			WATER gal/sk		CEMENT LEFT in CASING			
DISPLACEMENT	n Date and	DISPLACEMENT	PSI	MIX PSI	Para di padina k	RATE		
REMARKS: 5	on vera	getine 6	" Sha	WHAKI	Markon	+k Rie	UDa	1 7318
The - P	netize	1360'				NIV 1551		
comest	w/hull					4 DIRES C		
MIN &	nek tha					in to 2		
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Francis	with	30545	France	HOSU	Care.	P Manies	W Back	1112
CHILLS.	with	lle man	O MILL LI	109ks 1	raret h	/ halls	to Tok	230
CATIN							T. In the same	
12554	s class	ALLEN	word w	ed/hell	5	The	Ats Fi	774
THE STATE OF	HALL BUILD	THE CONTRACT OF					Crew	
ACCOUNT				LULY TO THE RESERVE				

ACCOUNT	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
160450		PUMP CHARGE	150000	(20000
(10002	65 miles	MILEAGE	715	46475
(+0711	5,9 Ton	Tonomitence belivery	125	671 12
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116829	125545	Class A	7000	2500
115325	NA	Calcinentorde	135	IN I A
116000	120=	Hotes and the second second second	,50	600
		Sugar la	an rende	5195 27
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				A Division of the Control of the Con
7424 1144				
			SALES TAX	Total Marian
avin 3737	B (11)		ESTIMATED TOTAL	CHE QUELTING

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.

TITLE