



CONSOLIDATED
Oil Well Services, LLC

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

7529
Field Kit doc
7425

TICKET NUMBER 52033
LOCATION 180
FOREMAN Jacob Storm

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-10-17	5436	Borst Snd	22	265	9E	Greenwood
CUSTOMER			TRUCK #			
Mc delland oil			DRIVER			
MAILING ADDRESS			TRUCK #			
403 village Rd			DRIVER			
CITY			TRUCK #			
E. Dorado			DRIVER			
STATE			TRUCK #			
KS			DRIVER			
ZIP CODE			TRUCK #			
67042			DRIVER			

JOB TYPE Liner HOLE SIZE 4 1/2 HOLE DEPTH _____ CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 9.5-11.6 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 11.75 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Salty meeting, tie onto 2 7/8 pump 10 bbl water sbbl die
water mix 195 slts 70/30 per 4/gal 1Xcc Starting at 9.5ppg and
ending at 11.6 ppg displaced with 11.75 bbl water shut in at scoop.
Job complete.

circulated 14 bbl slurry to pit.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0451	1	PUMP CHARGE	1900.00	1900.00
CE0002	30	MILEAGE	7.5	214.50
CE0711	1	min bulk delivery	660.00	660.00
CC5846	11881 195	70/30 per	16.50	3217.50
CC5325	156	calcium chloride	1.25	195.00
CC9965	780	gel	1.30	234.00
WE0853	4	80 vac	100.00	400.00
				6821.00
			Subtotal	6821.00
			51%	3313.00
			total	3313.00
			SALES TAX	132.83
			ESTIMATED TOTAL	3445.83

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.