



**CONSOLIDATED**  
Oil Well Services, LLC

7594  
Field # for doc  
7492

TICKET NUMBER 52054  
LOCATION Ch Dorado  
FOREMAN Fuzzy

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

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

Invoice # 809646 ES

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-20-17	7158	Grizzell SWD #2	3	26S	15W	Pratt
CUSTOMER Raymond Oil Co.			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 609			603	Tracey		
CITY Andover			713	Jeremy		
STATE KS			866	Fuzzy		
ZIP CODE 67002						

JOB TYPE liner HOLE SIZE \_\_\_\_\_ HOLE DEPTH \_\_\_\_\_ CASING SIZE & WEIGHT 4 1/2 in 5 1/2  
CASING DEPTH 3960' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
SLURRY WEIGHT 13.5 SLURRY VOL 39.5 WATER gal/sk 8.5 CEMENT LEFT in CASING \_\_\_\_\_  
DISPLACEMENT 62.8 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting on Alliance well service. Rig up and land casing with 54 BBL. Pump 5 BBL dye water. Mix 150 SKS 60/40 pos 40 gal 3/4 g/cc w 3/4 of 190 CDI-26, CFL-115 and 1/4 deformer per sk. Wash pump and lines. Drop plug and displace 63 BBL 750# lift, land plug @ 1200# float held. Repress casing to 750# and shut in. Mix 100 SKS cement down B-side max press 1000#. Cement work on slight vacuum. Shut in  
cement did not circulate Thanks Fuzzy & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0452	1	PUMP CHARGE	2300 <sup>00</sup>	2300 <sup>00</sup>
CE0002	50	MILEAGE	712	35750
CE0710	10.8 ton	Tow mileage Delivery	175	945 <sup>00</sup>
CC5829	250 SKS	60/40 pos 40 gal	16 <sup>00</sup>	4000 <sup>00</sup>
CC5325	200 #	Calcium chloride	125	250 <sup>00</sup>
CC6000	161 #	CDI-26	7 <sup>85</sup>	1263 <sup>85</sup>
CC6155	35 #	CAF-38 (deformer)	10 <sup>20</sup>	357 <sup>00</sup>
CC6025	161 #	FL-115	25 <sup>75</sup>	4145 <sup>75</sup>
CP8178	1	4 1/2 rubber plug	75 <sup>00</sup>	75 <sup>00</sup>
		Subtotal		13694 <sup>00</sup>
		discount 45%		6172 <sup>34</sup>
		Subtotal		7521 <sup>76</sup>
		SALES TAX		457 <sup>20</sup>
		ESTIMATED TOTAL		7979 <sup>06</sup>

**SCANNED**

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.