



CONSOLIDATED
Oil Well Services, LLC

267337

TICKET NUMBER 47043

LOCATION Ottawa

FOREMAN Alan Maden

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-10-14	7069	Reynolds #22	SE 5	17	22	Mi

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Beusch Well Service MAILING ADDRESS P.O. Box 520 CITY Ottawa STATE KS ZIP CODE 66067	730	Ala Mad	Safety	Meet
	368	Art Mad		
	369	Der Mas		
	558	Mat Coc		

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 740 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 730 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 4 1/4 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Well meeting. Mixed & pumped 100# gel to flush hole followed by 115 sk 50/50 cement plus 2% gel. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float. Closed valve.

HAT

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00
5406	20	MILEAGE	368	84.00
5402	730'	casing footage	368	
5407	mi	tax miles	548	368.00
5502c	2	80 vac	369	200.00
1124	115	50/50 cement	1322.50	
1118-B	293#	gel	64.46	
		material sub	1386.96	
		less 30%	-416.09	
		Material total		970.87
42102	1	2 1/2 plug		29.50
		<input checked="" type="checkbox"/> completed	3261.82	
		SALES TAX		76.53
		ESTIMATED TOTAL		2813.90

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AUTHORIZATION Boe Ruval 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 for