



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER **50607**

LOCATION **Ottawa, KS**

FOREMAN **Cara Kennedy**

INVOICE # 802281

FIELD TICKET & TREATMENT REPORT

CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/12/14	4015	LW Wilson # I-14	NE 4	18	22	M

CUSTOMER
JTC Oil Inc.

MAILING ADDRESS
35790 Plumcreek

CITY
Oswatimie

STATE
KS

ZIP CODE
66004

TRUCK #	DRIVER	TRUCK #	DRIVER
729	Costen	✓ 1660	Meeting
6606	Kei Car	✓	
510	Deshweb	✓	
370	Mik Fox	✓	

JOB TYPE **long string** HOLE SIZE **6"** HOLE DEPTH **620'** CASING SIZE & WEIGHT **2 7/8" EVE**

CASING DEPTH **592'** DRILL PIPE _____ TUBING _____ OTHER _____

SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____

DISPLACEMENT **3.43 bbls** DISPLACEMENT PSI _____ MIX PSI _____ RATE **4.5 bpm**

REMARKS: **held safety, waiting, established circulation, mixed & pumped 100 # Premium Gel followed by 10 bbls fresh water, mixed & pumped 74 sks OWC cement w/ 1/4 # Floseal per sk, cement to surface, flushed pump, clean, pumped 2 1/2" rubber plug to casing, TD w/ 3.43 bbls fresh water, pressured to 800 PSI, well held pressure for 30 min MIT, released pressure, shut in casing.**

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00
5406	on lease	MILEAGE		
5402	592'	casing footage		
5407	1/2 min	ton mileage		122.67
5502C	1 hr	80 Vac		100.00
1126	74 sks	OWC cement	19.61.50	
1118B	100 #	Gel	22.00	
1107	19 #	Floseal	46.93	
		materials	1530.43	
		-30%	459.13	
		Subtotal		1071.30
4402	1	2 1/2" rubber plug		29.50
				2986.93
			7.65%	84.21
				ESTIMATED TOTAL 2492.68

completed

RAVIN 3737

AUTHORIZATION **No Co. Rep. on location** 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.