



CONSOLIDATED
Oil Well Services, LLC

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

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6791
6690

TICKET NUMBER 51595
LOCATION Oakley Ks
FOREMAN Jerry Y

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice # 808763 Ks

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
10-1-16	2777	Sowers 1-5	5	15s	34w	Logan	
CUSTOMER <u>Culbreath</u>		Russell Sp		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>3501 South Yale Avenue</u>		S to Gold		<u>731</u>	<u>Cory D</u>		
CITY <u>TULSA</u>		E to head of		<u>479</u>			
STATE <u>OK</u>		S & E		<u>639</u>			
ZIP CODE <u>74135</u>		into					

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 265 CASING SIZE & WEIGHT 8 5/8 234
 CASING DEPTH 265 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 20
 DISPLACEMENT 15 1/2 bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting & rig up on Southwind 8 break circulation with rig free
m.x 180 SKs surface blend II wash up & displace with 15 1/2 bbl H₂O & shut in
Circulated a couple bbl to pit

Cement did
circulate

Thank you
Jerry & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE 0450	1	PUMP CHARGE	1500.00	1500.00
CE 0002	30	MILEAGE	7.15	214.50
CE 0711	8.7	for mileage delivery	660.00	660.00
CC 5871	180 SKs	Surface blend II	23.00	4140.00
			Subtotal	6514.50
			-45%	2931.53
			Subtotal	3582.97
			SALES TAX	182.17
			ESTIMATED TOTAL	3765.14

Ravin 3737 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.