



**SPECIALIZED SERVICES**

Field Ticket  
W 2000

Date \_\_\_\_\_ Co. Man \_\_\_\_\_  
Truck # \_\_\_\_\_ AFE # \_\_\_\_\_  
Customer \_\_\_\_\_ Drilling Rig \_\_\_\_\_  
Lease/Well # \_\_\_\_\_  
\_\_\_\_\_

Drilling ☐ Completions ☐ Construction ☐ Other ☐

Work Performed \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<input type="radio"/> Standby	Hours _____	
<input type="radio"/> Transfer Mud	Hours _____	
<input type="radio"/> Pits	Hours _____	
<input type="radio"/> Open Tops	Hours _____	Quantity _____
<input type="radio"/> Cellar	Hours _____	Quantity _____
<input type="radio"/> Rig Wash _____	Skids _____	Derrick _____

Start Time: \_\_\_\_\_ Stop Time: \_\_\_\_\_ Total Time: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ I was not injured in an accident in the performance of this work.

Laborer: \_\_\_\_\_ I was not injured in an accident in the performance of this work.

Laborer: \_\_\_\_\_ I was not injured in an accident in the performance of this work.

Laborer: \_\_\_\_\_ I was not injured in an accident in the performance of this work.

Laborer: \_\_\_\_\_ I was not injured in an accident in the performance of this work.

**SERVICE ACKNOWLEDGED AND ARTICLES RECEIVED IN GOOD CONDITION UNLESS NOTED.**

**CUSTOMER SIGNATURE:** \_\_\_\_\_

**CUSTOMER PRINTED NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TOTAL AMOUNT DUE WITHIN 30 DAYS OF THE INVOICE DATE.**

Overdue invoices are subject to a late payment charge of 1.5% per month on any unpaid balances.

Customer shall be responsible for any and all reasonable attorney fees associated with the collection of unpaid balances.