



**Supplier name: FALCON PUMP
SERVICES LLC**

Supplier ID #: 0000511595

Supplier address: PO BOX 9396

City: WICHITA FALLS

State: TX

Zip Code: 76308-
9396

Contact person name: Brent Brown /Christy Anderson

Phone #: 1-940-923-7154 or 940-264-
4655

Title: GM

Fax #: 1-940-723-1936

Email: falconpumpservices@outlook.com

Website:

Authorized location: ☐ **Locations – list attached as (*attachment title*)**

☐ **Address:**

City:

State:

Zip Code:

Contract ID #: 0-6152

Delivery:

Minimum order:

P-card accepted: ☐ Yes ☐ No

Other:

**Supplier name: FREEPOINT PIPE AND
SUPPLY INC**

Supplier ID #: 0000486984

Supplier address: PO BOX 30660

City: Edmond

State: OK

Zip Code: 73003 - 0011

Contact person name: Bracken Meyer

Phone #: 405-503-9143 or 405-341-
1913

Title: Contact

Fax #: 1- - -

Email: bmeyer@freepointok.com

Website: www.freepointok.com

Authorized location: ☐ Locations – list attached as (*attachment title*)

☐

Address:

City:

State:

Zip Code:

Contract ID #: 0-6153

Delivery:

Minimum order:

P-card accepted: ☐ Yes ☐ No

Other:

Supplier name: **Genie Well Service,
Inc**

Supplier ID #: 0000074842

Supplier address: PO Box 600

City: Crescent

State: OK

Zip Code: 73028

Contact person name: Kenneth Valliquette

Phone #: 1-405-969-2141

Title: Owner/President

Fax #: 1- - -

Email: JSimmons@GenieWell.com

Website:

Authorized location: ☐ Locations – list attached as (*attachment title*)

☐

Address:

City:

State:

Zip Code:

Contract ID #: 0-6154

Delivery:

Minimum order:

P-card accepted: ☐ Yes ☐ No

Other:

Supplier name: **McOil Service
Company LLC**

Supplier ID #: 0000504903

Supplier address: PO BOX 2326

City: Muskogee

State: Ok

Zip Code: 74402

Contact person name: Foster McQueen

Phone #: 918-685-4845

Central Purchasing · 5005 N. Lincoln Boulevard, Suite 300 · Oklahoma City, OK 73105
Telephone: 405/522-0955 · www.omes.ok.gov

Title: Operations Manager

Fax #: 918-686-7878

Email: fostermcqueen455@hotmail.com

Website:

Authorized location: ☐ **Locations – list attached as** *(attachment title)*

☐ **Address:**

City:

State:

Zip Code:

Contract ID #: 0-6155

Delivery:

Minimum order:

P-card accepted: ☐ Yes

☐ No

Other:

Supplier name: SWS OPERATIONS
LLC

Supplier ID #: 0000480053

Supplier address: 402 W ELM ST

City: Sedan

State: KS

Zip Code: 67361-
1219

Contact person name: Amy Miller

Phone #: 620-249-7938

Title: Owner

Fax #: 1-620-725-3631

Email: ttagbm@yahoo.com

Website:

Authorized location: ☐ **Locations – list attached as** *(attachment title)*

☐ **Address:**

City:

State:

Zip Code:

Contract ID #: 0-6156

Delivery:

Minimum order:

P-card accepted: ☐ Yes

☐ No

Other:

Supplier name: CALGARY ENERGY
LLC

Supplier ID #: 0000527564

Supplier address: PO BOX 737

City: COLLINSVILLE

State: OK

Zip Code: 74021-0737

Contact person name: Reece Lambert

Phone #: 918-760-0646

Title:

Fax #: 1-

Email: rlambert.calgaryenergyllc@gmail.com

Website:

Authorized location: ☐ **Locations – list attached as (*attachment title*)**

☐ **Address:**

City:

State:

Zip Code:

Contract ID #: 0-6158

Delivery:

Minimum order:

P-card accepted: ☐ Yes

☐ No

Other:

Supplier name: Kodiak Well Services
LLC

Supplier ID #: 0000527598

Supplier address: PO BOX 753

City: Watonga

State: Ok

Zip Code: -
73772-0753

Contact person name: Curtis Hoskins

Phone #: 580-614-1300

Title: Account Manager

Fax #: 1-

Email: Curtis.KodiakWSP@Gmail.com

Website:

Authorized location: ☐ **Locations – list attached as (*attachment title*)**

☐ **Address:**

City:

State:

Zip Code:

Contract ID #: 0-6160

Delivery:

Minimum order:

P-card accepted: ☐ Yes

☐ No

Other:

**Supplier name: SURGE PLUG &
ABANDON LLC**

Supplier ID #: 0000527614

Supplier address: PO BOX 721

City: HENNESSEY

State: OK

Zip Code: 73742-0721

Contact person name: Sergio Osiel Ortega

Phone #: 405-853-2467 or 405-863-3513

Title: Field Consulting Coordinator

Fax #: 1-405-853-2224

Email: osiel.ortega@surgews.com

Website: www.surgews.com

Authorized location: ☐ **Locations – list attached as (*attachment title*)**

☐ **Address:**

City:

State:

Zip Code:

Contract ID #: 0-6161

Delivery:

Minimum order:

P-card accepted: ☐ Yes ☐ No

Other:

Supplier name: ROADRUNNER WELL
SERVICE LLC

Supplier ID #: 0000320782

Supplier address: PO BOX 141446

City: BROKEN ARROW

State: OK

Zip Code: 74014-1446

Contact person name: Scott Behm or Cindy Sweet

Phone #: (918) 949-9069 Office. (918) 607-2301 Cell.

Title: Contact person

Fax #:

Email: sbehm.roadrunnerwellservicecellc@gmail.com
cindis@xanexp.com

Website:

Authorized location: ☐ **Locations – list attached as (*attachment title*)**

☐ **Address:**

City:

State:

Zip Code:

Contract ID #: 0-6167

Delivery:

Minimum order:

P-card accepted: ☐ **Yes**

☐ **No**

Other: