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*Official signed contract documents are on file with OMES Central Purchasing.*

**Contract title:** SW0138: Well Plugging

**Contract Number:** 0-6783

**Date of Contract issuance:** 01/27/2023

**Contract period:** 01/27/2023 through 01/26/2024

**Agreement period:** 01/27/2023 through 01/26/2028

**Type of contract:** Mandatory  Non-Mandatory

**OMES Central Purchasing contact:** Cini Zacharia **Title:** Procurement Specialist

**Phone:** (405) - 522 - 9078

**Email:** [Cini.zacharia@omes.ok.gov](mailto:Cini.zacharia@omes.ok.gov)

**Supplier name:** **Lester Well Service INC**

**Supplier ID #:** 0000456773

**Contract ID# 0-6783**

**Supplier Point of Contact:** Gary Lester

**Supplier address:** PO BOX 190

**City:** Hominy

**State:** OK **Zip Code:** 74035 - 0190

**Phone #:** 1 - 918 - 857 - 9559  
(Cell)

**Email** [lesterwellservice@yahoo.com](mailto:lesterwellservice@yahoo.com)

918-885-6200 (Office)

**Contract Overview:**

The Contract is awarded as a statewide contract (SW0138)for well Plugging related to the solutions described.

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**Authorized Users:** All state departments, boards, commissions, agencies, and institutions, in Addition to counties, school districts and municipalities which may avail themselves of this contract.

**How to order:**

1. Agency will provide the well plugging information and the price all etc.
  2. All the quotes must reference SW0138.
  3. Generate a purchase order made payable to the desired supplier. You must reference the statewide contract number SW0138 on your purchase order by attaching the PeopleSoft Contract.
  4. Email your purchase order to the designated supplier sales representative.
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**Available Brands:**

Well Plugging

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**Available Products and Services:**

Well Plugging services on SW0138.

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**Authorized Dealer/Reseller(s):**

**Supplier name:**

**Supplier ID #:**

**Contract ID #:**

**Supplier Point of Contact:**

**Supplier address:**

**City:**

**State:**

**Zip Code:**

-

**Phone #:** 1 - - -

**Email:**

**Supplier name:**

**Supplier ID #:**

**Contract ID #:**

**Supplier Point of Contact:**

**Supplier address:**

**City:**

**State:**

**Zip Code:**

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**Phone #:** 1 - - -

**Email:**