



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 30011
LOCATION Eureka X's
FOREMAN Rick Leaford

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-1-10	4758	Hummer 10A-28	28	30	14E	Wilson
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
MAYLING ADDRESS			520	Cliff		
CITY			543	Dave		
STATE			437	Jim		
ZIP CODE						

JOB TYPE <u>logstring 0</u>	HOLE SIZE <u>6 3/4"</u>	HOLE DEPTH <u>1230'</u>	CASING SIZE & WEIGHT <u>4 1/2" 10.5"</u>
CASING DEPTH <u>1226'</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT <u>13.4*</u>	SLURRY VOL <u>42 Bbl</u>	WATER gal/bk <u>8.0</u>	CEMENT LEFT IN CASING <u>0'</u>
DISPLACEMENT <u>19 1/2 bbl</u>	DISPLACEMENT PSI <u>500</u>	PSI <u>1000</u>	RATE

REMARKS: Safety meeting. Rig up to 4 1/2" casing. Break circulation w/ 25 Bbl fresh water. Pump 10 sacks gel-flush w/ huls, 20 Bbl caustic soda pre-flush, 10 Bbl dye water. Mixed 135 sacks thickset cement w/ 8" Kotzol, 1/2" phenol/sk 1/2% 2-11 + 1/2% CAP-38 @ 13.4*/gal. washout pump + hose shut down, 10 min plug. Displace w/ 19 1/2 bbl fresh water. Final pump pressure 500 psi. Pump plug to 1000 psi. Wait 2 minutes, release pressure, shut held. Good cement returns to surface. 8 Bbl slurry to pit. Job complete. Rig down.

"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	925.00	925.00
5406	40	MILEAGE	3.65	146.00
1126A	135 sacks	thickset cement	17.00	2295.00
1110A	1080*	8" Kotzol/sk	.42	453.60
1107A	17*	1/2" phenol/sk	1.15	19.55
1135	60*	1/2% 2-11	7.50	510.00
1146	31*	1/2% CAP-38	7.70	261.80
1118B	500*	gel-flush	.20	100.00
1105	50*	huls	.39	19.50
1103	100*	caustic soda	1.45	145.00
5407A	7.43	tan mileage bulk t/r	1.20	356.64
5502C	4 hrs	80 bbl vac. TRK	85.00	340.00
1123	3000 gals	city water	14.90/1000	44.70
4404	1	4 1/2" rubber plug	45.00	45.00
		Subtotal		5661.79
		SALES TAX (6.30%)		245.35
		ESTIMATED TOTAL		5907.14

Rev'n: 3737

AUTHORIZATION [Signature] TITLE [Signature] 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.