



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 30661
LOCATION Eureka, KS
FOREMAN Shannon Feck

FIELD TICKET & TREATMENT REPORT
CEMENT

API # - 15-125-32104

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-27-11		Arnold 13-9	9	34S	16E	Montgomery
CUSTOMER Layne Energy LLC			Gus Jones			
MAILING ADDRESS 1900 Shawnee mission Parkway			TRUCK # DRIVER TRUCK # DRIVER			
CITY mission woods			520 John S			
STATE KS			479 Chris B.			
ZIP CODE 66720						

JOB TYPE HS 6 HOLE SIZE 6 3/4 HOLE DEPTH 1208 CASING SIZE & WEIGHT 4 1/2" 10.50"
 CASING DEPTH 1206.50 DRILL PIPE _____ TUBING _____ OTHER
 SLURRY WEIGHT 13.4# SLURRY VOL 40 WATER gal/sk 80 CEMENT LEFT in CASING
 DISPLACEMENT 19.2 DISPLACEMENT PSI _____ MIX PSI 600-1200 RATE 5BPM

REMARKS: Rig wash head up to 4 1/2" casing. Wash down 70-80' Ft. Tag Bottom pull up 1 Foot mixed 500# gal flush with hulls, bring all the way to surface until hole is good & clean. Shut down cut off pipe & weld on a collar. Rig up head & manifold to 4 1/2" casing. mixed 2 sks caustic soda & pump dye water, mixed 125 sks thick set cement with 8# kol-seal/sk, 1/8# pheno seal/sh, 1/4% CFL-115. Shut down wash out pump & lines displace with 19.2 BBL. Good circulation @ all times. 8-10BBL slurry to pit. Final pumping pressure of 600psi bumped plug to 1200psi. Job complete

"Thanks Shannon & crew"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL	
5401	1	PUMP CHARGE	975.00	975.00	
5406	30	MILEAGE	4.00	120.00	
1126 A	125 sks	thickset cement	18.30	2287.50	
1110 A	1000 #	8# kol-seal/sk	.44	440.00	
1107 A	16 #	1/8# pheno seal/sk	1.22	19.52	
1135 A	34 #	1/4% CFL-115	9.95	338.30	
1118 B	500 #	60l Flush	.20	100.00	
1105	50 #	Hulls	.42	21.00	
1103	100 #	Caustic Soda	1.52	152.00	
5407	6.9 tons	Ton mileage bulk truck	45.00 M/L	330.00	
4156	1	4 1/2 Flapper type Valve Float Shop	175.00	175.00	
4453	1	4 1/2 Latch down plug	155.00	155.00	
5614	4 hours	welder	80.00/Hour	320.00	
4311	1	4 1/2 weld on collar	70.00	70.00	
			Sub total	5503.32	
			6.3%	SALES TAX	236.77
				ESTIMATED TOTAL	5740.09

Ravin 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.