



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 30349

LOCATION EUREKA

FOREMAN Kevin McCoy

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

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-205-27924

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-31-11	4758	RATZLAFF 15 J-29	29	30 S	14 E	WILSON
CUSTOMER Layne Energy			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 160			520	John S		
CITY Sycamore			515	Calin H.		
STATE KS		ZIP CODE				

JOB TYPE Longstring 0 HOLE SIZE 6 3/4 HOLE DEPTH 1337' CASING SIZE & WEIGHT 4 1/2 10.5# NCW
 CASING DEPTH 1266' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.4# SLURRY VOL 41 BBL WATER gal/sk 9.0 CEMENT LEFT in CASING 0'
 DISPLACEMENT 20.1' BBL DISPLACEMENT PSI 800 ~~MAX~~ PSI 1300 Bump Plug RATE _____

REMARKS: Safety Meeting: Rig up to 4 1/2 casing. BREAK Circulation w/ 25 BBL Fresh water. Pump 10 sks Gel Flush w/ Hulls, 5 BBL water Spacer, 15 BBL Caustic Soda Pre Flush, 10 BBL Dye water. Mixed 130 sks Thick Set Cement w/ 8" Kol-Seal/sk, 1/8" Pheno Seal/sk, 1/4" CFL-115 @ 13.4#/gal. Wash out Pump & Lines. Release Latch down Plug. Displace w/ 20.1' BBL Fresh water. Final Pumping Pressure 800 PSI. Bump Plug to 1300 PSI. wait 2 minutes. Release Pressure, Float & Plug Held. Good Cement Returns to Surface = 4 BBL Slurry to Pit. Job Complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406	40	MILEAGE	4.00	160.00
1126 A	130 sks	THICK Set Cement	18.30	2379.00
1110 A	1040 *	Kol-Seal 8"/sk	.44 *	457.60
1107 A	16 *	Pheno Seal / sk	1.22 *	19.52
1135 A	30 *	CFL-115 1/4"	9.95 *	298.50
1118 B	500 *	Gel Flush	.20 *	100.00
1105	50 *	Hulls	.42 *	21.00
1103	100 *	CAUSTIC SODA	1.52 *	152.00
5407 A	7.15 Tons	40 miles Bulk Delv.	1.26	360.36
4156	1	4 1/2 Flapper Valve Float Shoe	175.00	175.00
4453	1	4 1/2 Latch down Plug	155.00	155.00
		Sub Total		5252.98
		SALES TAX 6.3%		236.75
		ESTIMATED TOTAL		5489.73

THANK You
 040302

Ravin 3737

AUTHORIZATION Pho D alony TITLE _____ 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.