



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 31559

LOCATION Eureka

FOREMAN Steve Mead

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

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-125-32135

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-14-11	4758	Bell # 10-36	36	32S	13E	mg
CUSTOMER			TRUCK #			
Layne Energy			DRIVER			
MAILING ADDRESS			TRUCK #			
P.O. Box 160			DRIVER			
CITY			STATE			
Sycamore			KS			
STATE			ZIP CODE			
KS			67363			

JOB TYPE Long string HOLE SIZE 6 3/4 HOLE DEPTH 1638 CASING SIZE & WEIGHT 4 1/2 10.5
 CASING DEPTH 1617' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5# SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 26 bbls DISPLACEMENT PSI 700# MIX PSI Bump Plug 1200# RATE _____

REMARKS: SAFETY Meeting Rig up to 4 1/2 casing. Break Circulation with 3 bbls Fresh Water. Pump 500* Gel Flush w/ Hulls, 5 bbls water spacer, 15 bbls caustic soda pre flush, 14 bbls dye water. Mix 125 sks Thick set cement w/ 8" Kal-Seal + 1/8" phenoseal + 1/4" CFL-115 AT 135# per gal. Wash out pump & lines. Shut down. Release latch down plug. Displace with 26 bbls Fresh water Final pumping pressure 700* Bump Plug 1200*. Wait 2 min Release pressure. Plug held. Good Cement Returns to surface, 10 bbls 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	975.00	975.00
5406	40	MILEAGE	4.00	160.00
1126A	165 sks	Thick set Cement	18.30	3019.50
1110A	1330 #	Kal-Seal 8" per/sk	.44	580.80
1107A	20 #	Phenoseal 1/8" per/sk	1.22	24.40
1135A	40 #	CFL-115 1/4"	9.95	398.00
1118B	500 #	Gel Flush	.30	100.00
1105	50 #	Hulls	.42	21.00
1103	100 #	Caustic Soda	1.52	152.00
5407A	9.08	Ton mileage Bulk Truck	1.26	457.63
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
4103	1	4 1/2" Cement Basket	218.00	218.00
			Sub Total	6436.33
			SALES TAX 6.3%	305.16
			ESTIMATED TOTAL	6741.49

Revin 3737

AUTHORIZATION [Signature] TITLE Drilling Superintendent 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.