



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 33296

LOCATION EUREKA

FOREMAN KEVIN MCCOY

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

FIELD TICKET & TREATMENT REPORT

CEMENT *API #15-169-20328*

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-29-11		Lyle Swisher #1	8	165	1W	Saline

CUSTOMER <u>BOP West, LLC</u>		
MAILING ADDRESS <u>P.O. Box 129</u>		
CITY <u>Wooster</u>	STATE <u>OH</u>	ZIP CODE <u>44691</u>

*C&G
Daly
Rig 2*

TRUCK #	DRIVER	TRUCK #	DRIVER
<u>520</u>	<u>CLIFF S.</u>		
<u>479</u>	<u>John G.</u>		

JOB TYPE <u>Longstring</u>	HOLE SIZE <u>7 7/8</u>	HOLE DEPTH	CASING SIZE & WEIGHT <u>5 1/2 14" New</u>
CASING DEPTH <u>2735' KB</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT <u>13.6*</u>	SLURRY VOL <u>31 BBL</u>	WATER gal/sk <u>9.0</u>	CEMENT LEFT in CASING
DISPLACEMENT <u>66.2 BBL</u>	DISPLACEMENT PSI <u>600</u>	PSI <u>1200 Bump Plug</u>	RATE <u>5 BPM</u>

REMARKS: Safety Meeting: Rig up to 5 1/2 casing. Break circulation w/ 5 BBL fresh water. Pump 15 BBL Metasilicate Pre Flush 5 BBL water spacer. Mixed 100 SK Thick Set Cement w/ 5" Kol-Seal /sk @ 13.6*/gal, yield 1.75, wash out pump & lines shut down, Release Latch down Plug. Displace Plug to Seat w/ 66.2 BBL fresh water. Final Pumping Pressure 600 PSI. Bump Plug to 1200 PSI, wait 2 minutes. Release Pressure. Float & Plug Held. Good Circulation @ All times while Cementing. 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	100	MILEAGE	4.00	400.00
1126 A	100 SKS	THICK SET Cement	18.30	1830.00
1110 A	500 *	Kol-Seal 5"/sk	.44 *	220.00
1111 A	100 *	Metasilicate Pre Flush	1.90	190.00
5407	5.5 TONS	Ton Mileage 190 miles BULF Delv.	1.26	693.00
4454	1	5 1/2 Latch down Plug	254.00	254.00
4228 B	1	5 1/2 API INSET FLOAT Valve	172.00	172.00
4203	1	5 1/2 Guide Shoe	160.00	160.00
4103	4	5 1/2 x 7 7/8 Centralizers	48.00	192.00
4312	1	5 1/2 weld on Collar	80.00	80.00
			Sub Total	5166.00
			SALES TAX 7.3%	226.15
			ESTIMATED TOTAL	5392.15

Kevin 3737

AUTHORIZATION Danny J Reed 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.