



CONSOLIDATED
ON Well Services, LLC



ENTERED

TICKET NUMBER 33351
LOCATION Eureka
FOREMAN Rick Ledford

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

FIELD TICKET & TREATMENT REPORT
CEMENT

API# 15-125-32139

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/28/11	4758	Oliver # 14-20	20	325	14E	MOG
CUSTOMER			TRUCK #			
Layne Energy			DRIVER			
MAILING ADDRESS			TRUCK #			
P.O. Box 1100			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
Syramore			DRIVER			
KS			TRUCK #			
67367			DRIVER			

JOB TYPE L/S G HOLE SIZE 6 3/4" HOLE DEPTH 1458' CASING SIZE & WEIGHT 4 1/2" 10.5"
CASING DEPTH 1448.45' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 13.4# SLURRY VOL 47 Bbl WATER gal/sk 8.0 CEMENT LEFT in CASING 0'
DISPLACEMENT 23 Bbl DISPLACEMENT PSI 1000 MAX PSI 1500 Bump plus RATE _____

REMARKS: Safety meeting - Rig up to 4 1/2" casing. Break circulation w/ 26 Bbl fresh water. Pump 10 sacks gel-flush w/ bulls, 10 Bbl water spacer, 20 Bbl caustic soda pre-flush, 13 Bbl dye water. Mixed 150 sacks thickset cement w/ 8# Rot-seal/sk, 1/8" phenaxol/sk + 1/4" CFK-115 @ 13.4#/gal. washout pump + lines, release latch down plug. Displace w/ 23 Bbl fresh water. Final pump pressure 1000 PSI. Bump plug to 1500 PSI. wait 2 minutes. release pressure, float + plug held. Good cement returns to surface = 4 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	975.00	975.00
5406	40	MILEAGE	4.00	160.00
1126A	150 sacks	thickset cement	18.30	2745.00
1110A	1200#	8# Rot-seal/sk	.44	528.00
1107A	19#	1/8" phenaxol/sk	1.22	23.18
1135A	38#	1/4" CFK-115	9.95	378.10
1118B	500#	gel-flush	.20	100.00
1105	50#	bulls	.42	21.00
1103	100#	caustic soda	1.52	152.00
5407A	8.25	tan mileage bulk trk	1.26	415.80
5501C	4 hrs	water transport	112.00	448.00
4453	1	4 1/2" latch down plug	155.00	155.00
4156	1	4 1/2" flapper type float shoe	175.00	175.00
1123	5000 gals	city water	15.00/1000	78.00
			Subtotal	6354.08
			SALES TAX 6.3%	274.39
			ESTIMATED TOTAL	6628.47

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.