



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 33300
LOCATION EUREKA
FOREMAN KEVIN McCoy

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

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-149-20065

Ks

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-14-11		PERANG # 1-19	19	75	12E	Pottawatomie
CUSTOMER						
DAYSTAR Petroleum, INC.			Summit Drly. Co.			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
522 N. MAIN ST. P.O. Box 560			520	John S.		
CITY			667	Allen B.		
STATE						
ZIP CODE						
EUREKA						
KS						
67045						

JOB TYPE Longstring HOLE SIZE 7 7/8 HOLE DEPTH 3398 KB CASING SIZE & WEIGHT 5 1/2 17" New
 CASING DEPTH 3385.61 G.L. DRILL PIPE TUBING OTHER
 SLURRY WEIGHT 13.6* SLURRY VOL 41 BBL WATER gal/sk 9.0 CEMENT LEFT in CASING 21.30
 DISPLACEMENT 78.0 BBL DISPLACEMENT PSI 900 MIX PSI 1500 Bump Plug RATE 5 BPM

REMARKS: Safety Meeting: Rig up to 5 1/2 casing w/ Rotating Head. BREAK Circulation w/ 5 Bbl water Pump 12 Bbl Silt Suspende Pre Flush 5 Bbl water SPACER. MIXED 125 SKS THICK Set Cement w/ 5" Kol-Seal /sk @ 13.6*/gal, yield 1.85 = 41 Bbl Slurry, wash out Pump & Lines. Shut down. Release LATCH down Plug. Displace Plug to SEAT w/ Bbl Fresh water. FINAL Pumping Pressure 900 psi. Bump Plug to 1500 psi. wait 2 minutes. Release Pressure. Float & Plug Held. Good Circulation @ ALL times during Cementing Procedures. Job Complete. Rig down.

Note: Rotated casing while Displacing Plug to SEAT.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406	125	MILEAGE	4.00	500.00
5402	3385'	Footage Charge	.21	710.85
1126 A	125 SKS	THICK Set Cement	18.30	2287.50
1110 A	625 *	Kol-Seal 5"/sk	.44	275.00
1143	2 gals	Silt Suspende Pre Flush (Mixed w/ 12 Bbl)	40.40	80.80
5407 A	6.87 TONS	125 miles BELL Delv.	1.26	1082.81
4203	1	5 1/2 Guide Shoe	160.00	160.00
4454	1	5 1/2 LATCH down Plug	254.00	254.00
4104	1	5 1/2 Cement BASKET	229.00	229.00
4130	8	5 1/2 x 7 7/8 CENTRALIZERS	48.00	384.00
5611	1	RENTAL ON 5 1/2 Rotating Service	100.00	100.00
			Sub TOTAL	7038.96
			SALES TAX 7.3%	275.23
			ESTIMATED TOTAL	7314.19

Ravin 3737

THANK YOU
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AUTHORIZATION [Signature] 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.