



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 33595

LOCATION Eureka

FOREMAN Steve Mead

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

FIELD TICKET & TREATMENT REPORT
CEMENT

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|-------------------------------|------------|--------------------|---------|------------------|---------|--------|
| 1-26-12 | 5363 | Randall # K12-11 | | | | Linn |
| CUSTOMER McGown Drilling | | | TRUCK # | DRIVER | TRUCK # | DRIVER |
| MAILING ADDRESS P.O. Box K | | | 485 | Alan M. | | |
| CITY | STATE | ZIP CODE | 515 | Joey | | |
| Mound City | KS | 66056 | | Orino B (helper) | | |

JOB TYPE Long String O HOLE SIZE 5 7/8 HOLE DEPTH 550' CASING SIZE & WEIGHT _____
 CASING DEPTH 538' DRILL PIPE _____ TUBING 2 3/8 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 3.11 bbls DISPLACEMENT PSI 500* ^{Bump} MIX PSI plug 1000* RATE _____

REMARKS: Safety meeting: Rig up to 2 3/8 tubing. Break circulation w/ Fresh water. Pump 100* Gel Flush + 3 bbls water. Mix 85 sks 50/50 pot mix cement w/ 2% Gel. Shut down. Wash out pump & lines. Load plug in tubing. Displace w/ 3.11 bbls Fresh water. Final pumping Pressure 500*. Bump plug 1000*. Release pressure. Plug held. Good cement return to surface. Job complete Rig down

Thank you

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--------------|-------------------|------------------------------------|-----------------|---------|
| 5401 | 1 | PUMP CHARGE | 1030.00 | 1030.00 |
| 5406 | — | MILEAGE <u>misc 3rd</u> | — | — |
| 1124 | 85 sks | 50/50 pot mix cement | 10.95 | 930.75 |
| 1118B | 140* | Gel 2% | .21 | 29.40 |
| 1118B | 100* | Gel Flush | .21 | 21.00 |
| 5407 | | Tan mileage Bulk Truck | misc | 350.00 |
| 4402 | 1 | 2 3/8 Rubber Plug | 28.00 | 28.00 |
| | | | SubTotal | 2389.15 |
| | | | SALES TAX | 63.57 |
| | | | ESTIMATED TOTAL | 2452.72 |

Ravin 3737

241408

AUTHORIZATION Chris McGown

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.