



**CONSOLIDATED**  
Oil Well Services, LLC

**ENTERED**

TICKET NUMBER 36290

LOCATION Eureka

FOREMAN Rick Ledford

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

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

API# 15-125-32161

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3/6/12	4758	<u>Meitner 4L-30</u>	30	32S	14E	MITG
CUSTOMER <u>Layne Energy</u>			Gus Jones			
MAILING ADDRESS <u>P.O. Box 160</u>						
CITY <u>Sycamore</u>	STATE <u>KS</u>	ZIP CODE <u>67367</u>				
JOB TYPE <u>L/S 0</u>						
HOLE SIZE <u>6 3/4"</u>			HOLE DEPTH <u>1312'</u>		CASING SIZE & WEIGHT <u>4 1/2"</u>	
CASING DEPTH <u>1303'</u>			DRILL PIPE		TUBING	
SLURRY WEIGHT <u>13.4#</u>			SLURRY VOL <u>42 Bbl</u>		WATER gal/sk <u>9.0</u>	
DISPLACEMENT <u>20.7</u>			DISPLACEMENT PSI <u>700</u>		BUMP PSI <u>1100</u>	
REMARKS:			Rate			

REMARKS: Safety meeting. Rig up to 4 1/2" casing. Break circulation w/ 26 Bbl fresh water. Pump 10 SKS gel-flush w/ hulls, 5 Bbl water spacer, 20 Bbl caustic soda pre-flush, 11 Bbl dye water. Mixed 135 SKS thickset cement w/ 8" Kol-sol/sk, 1/8" phenaxol/sk + 1/4% CFL-115 @ 13.4#/gal. Washout pump + hrs, release 4 1/2" latch down plug. Displace w/ 20.7 Bbl fresh water. Final pump pressure 700 PSI. Bump plug to 1100 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	1030.00	1030.00
5406	40	MILEAGE	4.00	160.00
1176A	135 SKS	thickset cement	19.20	2592.00
116A	1080 #	8" Kol-sol/sk	.46	496.80
1107A	17 #	1/8" phenaxol/sk	1.29	21.93
1135A	34 #	1/4% CFL-115	10.55	358.70
1118B	500 #	gel-flush	.21	105.00
1105	50 #	hulls	.44	22.00
1103	100 #	caustic soda	1.61	161.00
5407A	7.43	km mileage bulk t/c	1.34	398.25
5502C	4 hrs	80 Bbl WAG. TRK	90.00	360.00
1123	3000 gals	city water	16.50/1000	49.50
4453	1	4 1/2" latch down plug	155.00	155.00
4156	1	4 1/2" flipper type float shoe	175.00	175.00
			Subtotal	6085.18
			SALES TAX (6.39%)	260.65
			ESTIMATED TOTAL	6345.83

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.