



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

TICKET NUMBER **36884**
LOCATION **Ottawa, KS**
FOREMAN **Casey Kennedy**

**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1/30/12	5097	Macha D #1	NW 33	24	18	AL
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Macha Enterprises Inc			481	Casey Ken	ck	
MAILING ADDRESS			495	Har Bec	HB	
PO Box 220			503	Dan Gar	DG	
CITY	STATE	ZIP CODE				
Gas City	KS	66742				

JOB TYPE Surface HOLE SIZE 12 1/4" HOLE DEPTH 40' CASING SIZE & WEIGHT 8 5/8"
 CASING DEPTH 40' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 4'
 DISPLACEMENT 2.25 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 5.5 bpm
 REMARKS: held safety meeting, established circulation, mixed & pumped 35 sks
50/50 Pozmix w/ 2% gel & 1/4# Flo Seal per sk, mixed cement w/ Calcium
chloride water, cement to surface, displaced cement w/ 2.25 bbls
freshwater, shut in casing.

[Signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S	1	PUMP CHARGE <u>surface</u>		825.00
5406	5.5 mi	MILEAGE <u>pump truck</u>		220.00
5402	40'	<u>casing footage</u>		---
5407	minimum	<u>ton mileage</u>		350.00
1124	35 sks	50/50 <u>Pozmix cement</u>		383.25
1118B	59 #	Premium Gel		12.39
1107	9 #	Flo Seal		21.15
1102	50 #	Calcium Chloride		37.00
		<u>247592</u>		
		7.56%	SALES TAX	34.27
			ESTIMATED TOTAL	1883.00

Ravin 8737

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.