



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 34843

LOCATION Eureka, KS

FOREMAN Shannon Feck

FIELD TICKET & TREATMENT REPORT

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

CEMENT API # 15-019-27204

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-22-12	3546	South Butcher #3	25	33S	10E	CO
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Jack Horton			445	Dave G		
MAILING ADDRESS			515	Calin H		
P.O. Box 97			637	Jim m		
CITY	STATE	ZIP CODE	#83	Rudy m (McCoy Trucking)		
Sedan	KS	67361	CASING SIZE & WEIGHT <u>4 1/2" @ 11.60#</u>			

JOB TYPE Longstring HOLE SIZE 6 3/4" HOLE DEPTH 1315' TUBING _____ OTHER _____
 CASING DEPTH 1308.6L DRILL PIPE _____ WATER gal/sk 9.0 CEMENT LEFT in CASING 0
 SLURRY WEIGHT 13.4-13.6# SLURRY VOL 46 Bbl MIX PSI Bump Plug to 1000 RATE 5 BPM
 DISPLACEMENT 20 3/4 Bbl DISPLACEMENT PSI 1000

REMARKS: Safety Meeting, rig up to 4 1/2" casing, Break circulation with 5 Bbl water, 400# gel flush with hulls, followed by 5 Bbl spacer, mixed 140 SKS Thick set cement with 5# kol-seal/sk, 1# phenoseal/sk @ 13.4-13.6 #/gal. Shut down wash out pump & lines & displace with 20 3/4 Bbl water. Final pumping pressure of 600psi, Dumped plug to 1000 psi, wait two minutes + release pressure. Float & plug held good. Good circulation @ all times. 10-12 Bbl slurry to pit, Job complete.

Thanks Shannon & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	50	MILEAGE	4.00	200.00
1126 A	140 SKS	Thick set Cement	19.20	2688.00
1110 A	700#	Kol-seal @ 5#/SK	.46	322.00
1107 A	140#	Phenoseal @ 1#/SK	1.29	180.60
1118 B	400#	Gel-flush	.21	84.00
1105	45#	Hulls	.44	19.80
5407A	7.7 Tons	Ton mileage bulk Truck	1.34	515.90
5502C	4 Hrs	80 Bbl Vac Truck (#83 McCoy Trucking)	90.00	360.00
5502C	4 Hrs	80 Bbl Vac Truck (#637 consolidated)	90.00	360.00
1123	6000 gals	City Water	16.50/1000/gal	99.00
4404	1	4 1/2" Top Rubber Plug	45.00	45.00
Total 6189.69			Paid check #	
- 5% 309.50			2310	
Total 5880.19			8.3%	
Sub Total			5901.30	
SALES TAX			285.39	
ESTIMATED TOTAL			6189.69	

Flavin 3737

AUTHORIZATION _____

TITLE _____

DATE 6/22/12

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