



**CONSOLIDATED**  
Oil Well Services, LLC



**ENTERED**

TICKET NUMBER 31335  
LOCATION Eureka  
FOREMAN Steve Reed

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

**FIELD TICKET & TREATMENT REPORT**

**CEMENT API 15-125-32093**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-30-11	40416	Schwaiken #318	18	315	14E	mg.
CUSTOMER			TRUCK #			
Jako Production			DRIVER			
MAILING ADDRESS			TRUCK #			
10887 Marion Rd			DRIVER			
CITY			TRUCK #			
Fredonia			DRIVER			
STATE			TRUCK #			
KS			DRIVER			
ZIP CODE			TRUCK #			
66736			DRIVER			

JOB TYPE Longstring HOLE SIZE 6<sup>3/4</sup> HOLE DEPTH 1460' CASING SIZE & WEIGHT 4 1/2 9.5<sup>#</sup>  
 CASING DEPTH 1009' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.5<sup>#</sup> SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT 16.4 bbls DISPLACEMENT PSI 500<sup>#</sup> MIX PSI Bump Plug 1000<sup>#</sup> RATE \_\_\_\_\_

REMARKS: Safety meeting. Rig up to 2 3/8 Tubing. Pump 6 bbls Fresh water, SPOT  
350' plug 1465 to load 50 sks 60/40 pot mix cement 4% gel. Pull out Tubing.  
Rig up to 4 1/2" casing. Break circulation w/ 17 bbls Fresh water. Mix 360<sup>#</sup>  
Gel Flush. 5 bbls Water spacer. Mix 105 sks Thick set cement w/ 5<sup>#</sup>  
Kel-seal per/sks at 135<sup>#</sup> ppsk. Wash out Pump & Lines. Shutdown  
Release Plug. Displace with 16.4 bbls Fresh water. Final pumping Pressure  
500<sup>#</sup> Bump Plug 1000<sup>#</sup>. Wait 2 min Release pressure Plug held.  
Job Complete Rig down

*Thank you*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406	40	MILEAGE	4.00	160.00
1131	50 sks	60/40 pot mix	11.95	597.50
1118B	170 <sup>#</sup>	Gel 4%	.20	34.00
1126A	105 sks	Thick set Cement	18.30	1921.50
1110A	523 <sup>#</sup>	Kel Seal 5 <sup>#</sup> ppsk	.44	231.00
1118B	300 <sup>#</sup>	Gel Flush	.20	60.00
4404	1	4 1/2" Top Rubber Plug	42.00	42.00
5407	7.92	Ton mileage Bulk Trucks	m/c	330.00
			Sub Total	4351.00
			SALES TAX	181.81
			ESTIMATED TOTAL	4532.81

Rayn 3737

AUTHORIZATION

TITLE

*042415*  
*Reed*

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.