



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 34719

LOCATION Euicka

FOREMAN Rick Ledford

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

FIELD TICKET & TREATMENT REPORT

CEMENT

API # 15-031-23275

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-11-12	5910	Osage # 44	1	215	136	Coffey
CUSTOMER Osage Resources LLC			Skyy Dr/ls			
MAILING ADDRESS 6209 N. K61 Hwy			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Hutchison			445	Dave		
STATE KS			515	Calin		
ZIP CODE 67502			1667	Chris B.		
			452/763	Jim		

JOB TYPE L/S 0 HOLE SIZE 7 7/8" HOLE DEPTH 1893' CASING SIZE & WEIGHT 5 1/2" 14# REG
 CASING DEPTH 1894' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.0-13.6# SLURRY VOL 84 Bbl WATER gal/sk 8.0-9.0 CEMENT LEFT in CASING 42'
 DISPLACEMENT 4514 Bbl DISPLACEMENT PSI 700 BUMP PSI 1200 Bump plug RATE 5 BPM

REMARKS: Safety meeting- Rig up to 5 1/2" casing. Break circulation w/ 10 Bbl water. Mixed 200 sacks 60/40 Permox cement w/ 8% gel + 1# phenoxal/sk @ 13.0#/gal. Tail in w/ 75 sacks thickset cement w/ 5# Kal-seal/sk @ 13.6#/gal. shut down, washout pump + lines, release latch down plug. Displace w/ 4514 Bbl fresh water. Final pump pressure 700 PSI. Bump plug to 1200 PSI. wait 2 minutes, release pressure, float + plug held. Good cement returns to surface = 18 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
1131	200 sacks	60/40 Permox cement	12.55	2510.00
118B	1375#	8% gel	.21	288.75
1107A	200#	1# phenoxal/sk	1.29	258.00
1126A	75 sacks	thickset cement	19.20	1440.00
110A	375#	5# Kal-seal/sk	.46	172.50
5407A	12.7	ton mileage bulk tires	1.34	680.72
5501C	4 hrs	water transport	112.00	448.00
1123	6000 gals	city water	16.50/1000	99.00
4164	2	5 1/2" cement baskets	229.00	458.00
4130	6	5 1/2" x 7 7/8" centralizers	49.00	294.00
4159	1	5 7/8" AFD float shoe	344.00	344.00
4454	1	5 1/2" latch down plug	254.00	254.00
		subtotal		8430.97
		6.3% SALES TAX		385.06
		ESTIMATED TOTAL		8816.03

Ravin 3737

050501

AUTHORIZATION _____ 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