



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 34880

LOCATION EUREKA

FOREMAN Kevin McCoy

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

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-125-32246 K3

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-29-12		PRINCE #1	2	335	13E	MG
CUSTOMER <u>Southwind Energy</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>P.O. Box 70</u>			520	SHANNON F.		
CITY <u>Sedan</u>	STATE <u>Ks</u>	ZIP CODE <u>67361</u>	611	RICK L.		
			83	ART S. →	McCoy Trucking	

JOB TYPE Longstring 0 HOLE SIZE 6 3/4" HOLE DEPTH 1074 CASING SIZE & WEIGHT 4 1/2 10.5" New
 CASING DEPTH 1054' G.L. DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5# SLURRY VOL 36 BBL WATER gal/sk 9.0 CEMENT LEFT in CASING 0'
 DISPLACEMENT 16.7 BBL DISPLACEMENT PSI 600 MIX PSI 1000 Bump Plug RATE 5 BPM

REMARKS: Safety Meeting: Rig up to 4 1/2 casing. BREAK CIRCULATION, Pump 300# Gel Flush w/ HULLS
5 BBL water SPACER. Mixed 110 SKS THICK Set Cement w/ 5# Kol-Seal /sk, 1# PhenoSeal /sk @
13.5# /gal = 36 BBL Slurry. Shut down; wash out Pump & Lines. Release Plug. Displace Plug to
SEAT w/ 16.7 BBL Fresh water. FINAL Pumping Pressure 600 psi. Bump Plug to 1000 psi. WAIT
2 mins. Release Pressure. FLOAT held. Shut casing in @ 0 psi. Good Cement Returns to SURFACE =
8 BBL Slurry to Pit. Job Complete. Rig down

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	110 SKS	THICK Set Cement	19.20	2112.00
1110 A	550 #	Kol-Seal 5# /sk	.46	253.00
1107 A	110 #	PhenoSeal 1# /sk	1.29	141.90
1118 A	300 #	Gel Flush	.21 #	63.00
1105	45 #	HULLS	.44 #	19.80
5407 A	6.05 TONS	50 miles Bulk Delv.	1.34	405.35
5502 C	5 HRS	80 BBL VAC TRUCK	90.00	450.00
1123	4400 GALS	CITY WATER	16.50/1000	72.60
4404	1	4 1/2 Top Rubber Plug	45.00	45.00
		4933.21 PAID IN FULL BY CHECK		
	-5%	246.86 #2315		
	TOTAL	4686.55	Sub Total	4792.65
		THANK YOU	SALES TAX	170.56
			ESTIMATED TOTAL	4933.21

Ravin 3737

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.