



**CONSOLIDATED**  
Oil Well Services, LLC

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

TICKET NUMBER 36593

LOCATION Chanute, KS

FOREMAN Casey Kennedy

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5/11/12	2345	L. Heintzelman #6	27	8	21	LV
CUSTOMER <u>DayStar Petroleum, Inc.</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>PO Box 1285</u>			481	Car Ken	CK	
CITY STATE ZIP CODE <u>Great Bend KS 67530</u>			666	Gar Man	GM	
			675	Kei Dat	KD	
			611	Joe Kin - JK	503	Dan Gar D

JOB TYPE longstring HOLE SIZE 7 7/8" HOLE DEPTH 1505' CASING SIZE & WEIGHT 5 1/2" - 15.50 #14  
 CASING DEPTH 1474' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER 8' landing sub  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 5 1/2" rubber plug  
 DISPLACEMENT 35.27 bbls DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 5.5 bpm

REMARKS: held safety meeting, ~~monitored~~ established circulation, mixed & pumped 1/2 gal in 15 bbls fresh water soap flush, mixed & pumped 196 sks 50/50 Pozmix cement w/ 16% gel per sk, mixed & pumped 100 sks OWC cement w/ 1/2 # FloSeal per sk, flushed pump clean, pumped 5 1/2" rubber plug to casing TD w/ 35.27 bbls fresh water, cement to surface, pressured to 800 PSI, checked plug depth w/ wireline, released pressure, shot in casing.

*[Handwritten signature]*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
8401	1	PUMP CHARGE		
8406	70 mi	MILEAGE		1630.00
5402	1474'			280.00
5407A	610.54	<u>Casing footage</u>		
5407A	360.50	<u>ton mileage</u>	611	818.12
5502C	7.5 hrs	<u>80 Vac</u>		483.07
				675.00
1143	1/2 gal	ESA-41 Soap		20.20
1124	196 sks	5450 Pozmix cement		2146.20
1188	988 #	Premium Gel		207.48
1126	100 sks	OWC cement		1880.00
1107	148 #	FloSeal		347.80
4406	1	5 1/2" rubber plug		70.00
4104	1	5 1/2" cement basket		229.00
4130	6	5 1/2" centralizers		288.00
4159	1	5 1/2" AFU Float Shoe		344.00
			7.39%	403.88
				9222.75

RAVIN 3737 AUTHORIZATION Bill Schwab TITLE 249846 DATE \_\_\_\_\_ SALES TAX ESTIMATED TOTAL

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