



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 37648
LOCATION Eureka
FOREMAN Steve Mead

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

FIELD TICKET & TREATMENT REPORT

CEMENT API 15-079-20691

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-1-12		Dubois #8-X	34	24s	2E	Harvey
CUSTOMER Urban Oil & Gas Group LLC			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 1000 E 14 th ST			483	Alan M.		
CITY Plano			479	Allen B		
STATE TX		ZIP CODE 75074				

JOB TYPE Surface HOLE SIZE 12 1/2 HOLE DEPTH 228' CASING SIZE & WEIGHT 8 5/8 23'
 CASING DEPTH 227' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.5" SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 20'
 DISPLACEMENT 13 1/4 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting: Rig up to 8 5/8 casing. Break Circulation w/ 6 bbls Fresh Water. Mix 125 sks Class A Cement w/ 3% Cocle, 2% Gel & 1/4" Flo-Cole per/sk at 14.5" per/sk. Displace with 13 1/4 bbls Fresh water. Shut well in Good Cement Returns to Surface. 10 bbl slurry to pit. Job complete Rig down

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	825.00	825.00
5406	35	MILEAGE	4.00	140.00
11543	125 sks	Class A Cement	14.95	1868.75
1102	350"	Cocle 3%	.74	259.00
1118B	235"	Gel 2%	.21	49.35
1107	30"	Flo-Cole 1/4" per/sk	235	70.50
5407	5.87 ton	Ton Mileage Bulk Truck	mic	350.00
			Subtotal	356.60
			SALES TAX	186.50
			ESTIMATED TOTAL	3749.15

Ravin 3737

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.