



CONSOLIDATED
Oil Well Services, LLC S

WELL FILE

TICKET NUMBER 37039
LOCATION Oakley, Ks
FOREMAN Walt Dunkel
Miles Shaw

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-31-12	1709	Terry 1-31	31	23 ^S	23 ^W	Hochman
CUSTOMER Berexco, Inc			Jetmore			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			65	456-7118	Bobby Stewart	
STATE			1E	528-7129	Thomas Burns	
ZIP CODE			1N	7129	Jerry Yates	
			1/2W			

JOB TYPE Prod HOLE SIZE 7 7/8 HOLE DEPTH 4816' CASING SIZE & WEIGHT 5 1/2 - 15.5
CASING DEPTH 4813' DRILL PIPE _____ TUBING _____ OTHER Shoe - 86.58
SLURRY WEIGHT 14.2 - 12.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 86'
DISPLACEMENT 112 1/2 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Safety Meeting, rig up on Berexco #2, run Float Equipment, Cont. #1.
Bottom of 1st, #1-2-3-5-7-10-12-24, Baskets #1-74-75-88, circ 2.55 Its
run casing to bottom, circ 1hr, mixed 200 sks 69/40por, 8% Cel, 5% Kalseal, 1/4" Flo
seal, clear pump & lines, release plug, Displace 75 BBL H₂O + 37 BBL mud, 2 900#
Landed Plug @ 1500# open DV Tool @ 1200# circ 2 Hrs, mix 20 sks in mill, 30 sks in
RH, mixed 325 sks on Top Stage, clear Pump & Lines, release Plug &
Displace 38 1/2 BBL H₂O @ 600#, Landed Plug & Shut Tool @ 1500#, release Pressure
Cement Done Held

Thank You
Miles, Walt & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401C	1	PUMP CHARGE	3020 ⁰⁰	3,020 ⁰⁰
5406	30.1	MILEAGE	5 ⁰⁰	150 ⁰⁰
1126	125 SKs	OLC	22 ⁵⁵	2,818 ⁷⁵
1131	200 SKs	69/40por, Bottom Stage	15 ¹⁰	3,020 ⁰⁰
1131	375- SKs	69/40por Top Stage	15 ¹⁰	5,662 ⁵⁰
1110A	1625#	Kalseal	.56	910 ⁰⁰
1118B	3960#	Bentonite	.25	990 ⁰⁰
1107	144#	Flo-Seal	2 ⁹²	406 ⁰⁸
4159	1	5'6-AFU Float Shoe	413 ⁰⁰	413 ⁰⁰
4130	9	Turb-Centralizers	58 ⁰⁰	522 ⁰⁰
4104	4	Baskets	276 ⁰⁰	1104 ⁰⁰
4309	1	Limit Clamp	41 ⁰⁰	41 ⁰⁰
4454	1	Latched Plug	303 ⁰⁰	303 ⁰⁰
4283	1	DV Tool	3850 ⁰⁰	3850 ⁰⁰
5407A	30.6	Ton Mileage Delivery	1 ⁶⁷	1533 ³⁰
				24743 ⁶³
		Less 1.5% Disc		3711 ⁵⁵
				21032 ⁰⁸
		SALES TAX		1269.07
		ESTIMATED TOTAL		22301.15

Ravin 3737

AUTHORIZATION mal 2 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

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