



**CONSOLIDATED**  
Oil Well Services, LLC

**ENTERED**

TICKET NUMBER 36374

LOCATION Eureka

FOREMAN Steve Neal

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

**FIELD TICKET & TREATMENT REPORT**

**CEMENT** API 15-205-28005

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-28-12	1184	UNIT 1 Jones # 1-4A	28	30s	16E	Wilson
CUSTOMER <u>AX+P</u>						
MAILING ADDRESS <u>P.O. Box 1176</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY <u>Independence</u>			STATE <u>Ks</u>	ZIP CODE <u>67301</u>		
			485	Alan m		
			667	Chris B		
			637	Joey		

JOB TYPE Longstring - Plug HOLE SIZE \_\_\_\_\_ HOLE DEPTH 851' CASING SIZE & WEIGHT \_\_\_\_\_  
 CASING DEPTH 847 DRILL PIPE \_\_\_\_\_ TUBING 2 3/8 OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.6\* SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT 5 bbls DISPLACEMENT PSI 400\* Bump Mix PSI Plug 900\* RATE \_\_\_\_\_

REMARKS: Safety Meeting: Jones # 4 Rig up to 1" tubing. Break circulation. Pump Total 90sks Reg Class A Cement w/ 2% Gel \* 1% CaCl2 From 776' to surface. Pull 1" tubing. Top well off.

Jones # 1-4A. Rig up to 2 3/8 tubing. Break circulation w/ Fresh water. Mix 90sks Class A Cement w/ 2% Gel \* 1% CaCl2 A= 13.6\*. Shut down Wash out Pump & Lines. Stuff 2 plugs. Displace with 5 bbls Fresh water. Final Pumping Pressure 400\*. Bump Plug to 900\*. Bleed Pressure down to 700\*. Shut well in. Good Cement Returns to surface. 5 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	60	MILEAGE	4.00	240.00
5609	1 hr		200.00	200.00
11045	90sks (Longstring)	Class A Cement	14.95	1345.50
1118B	200#	Gel 2%	.21	42.00
1102	100#	CaCl2 1%	.74	74.00
11045	20sks (Plug Job)	Class A Cement	14.95	299.00
5502C	3 hrs	80 bbl Vacuum Truck	90.00	270.00
1123	3000 gallons	CITY WATER	16.50	49.50
5407A	5.26 ton	Ton Mileage Bulk Truck	1.34	422.90
4402	2	2 3/8 Top Rubber Plugs	28.00	56.00
			Subtotal	4028.90
			SALES TAX 6.3%	117.57
			ESTIMATED TOTAL	4146.47

Ravin 3737

AUTHORIZATION [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

I warrant that the payment terms, unless specifically amended in writing on the front of the form or in the customer's records, at our office, and conditions of service on the back of this form are in effect for services identified on this form