



CONSOLIDATED
Oil Well Services, LLC



TICKET NUMBER 37914

LOCATION Eureka

FOREMAN Steve Neal

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
9-10-12	8926	Taylor LH-25				Wilson
CUSTOMER Wilson County Holding, LLC			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 111 Congress Ave Ste 400			485	Alan m.		
CITY STATE ZIP CODE Austin TX 75701			515	Colin		

JOB TYPE PTA Case HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 7/8 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Softy meeting: Rig up to 2 7/8 Tubing. Break circulation w/ fresh water. Pump 200# Gel Spacer. Spot 25 sks 60/40 Perm mix Cement 4% Gel. At 1135' Pull Tubing up to 635' Break circulation. Pump 130# Gel Flush Spot 25 sk Cement at 635'. Pull Tubing up to 250' 75 sks 60/40 Perm mix Cement 4% Gel. Pull Tubing Top well off. Total 125 sks 60/40 Perm mix Cement 4% Gel. Job complete Rig down

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405A	1	PUMP CHARGE	475.00	475.00
5406	N/L	MILEAGE 2nd well	-	-
1138	125 sks	60/40 Perm mix Cement	12.45	1568.75
111813	430#	Gel 4%	.21	90.30
111813	350#	Gel spacer	-.21	73.50
5467	5.38	Ten mileys Bulk Trucks	mic	350.00
			Subtotal	2557.55
			SALES TAX	109.15
			ESTIMATED TOTAL	2666.70

050811

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.