



CONSOLIDATED
Oil Well Services, LLC

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

ENTERED
FIELD TICKET & TREATMENT REPORT

TICKET NUMBER 36384
LOCATION Eureka
FOREMAN Steve Mead

CEMENT API 15-207-28088

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-2-12	1519	Kanham #5	24	255	14E	Woodson
CUSTOMER <u>Edward E. Birk (Birk Oil)</u>			TRUCK #			
MAILING ADDRESS <u>302 S. 16th St</u>			DRIVER			
CITY <u>Burlington</u>			TRUCK #			
STATE <u>Ks</u>			DRIVER			
ZIP CODE <u>66839</u>			TRUCK #			
			DRIVER			

JOB TYPE <u>Logging</u>	HOLE SIZE <u>6 3/4</u>	HOLE DEPTH <u>1590</u>	CASING SIZE & WEIGHT
CASING DEPTH <u>1526</u>	DRILL PIPE	TUBING <u>2 7/8</u>	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT IN CASING
DISPLACEMENT <u>8 3/4</u>	DISPLACEMENT PSI <u>800*</u>	MIX PSI <u>Bump play 1200*</u>	RATE

REMARKS: Safety meeting: Rig up to 2 7/8 Tubing. Break circulation w/ fresh water. Pump 500# Gel Flush & 3 bbls Fresh water. Let Drilling Rig Circulate Gel around. Rig back up to 2 7/8 Tubing. Pump 5 bbls water. Mix 175 sks 60/40 Perm mix Cement w/ 4% Gel & 1# phenoseal per/sk & 50 sks Thick set Cement w/ 5# Kol seal per/sk. Shutdown wash out pump & lines. Stuff 2 plays. Displace with 8 3/4 bbls Fresh water. Final Pumping Pressure 800#. Bump Play 1200# Bleed Pressure down to 500# Shut well in. Good cement Returns to surface. 8 bbl slurry top it.
Job complete Rig down

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	23	MILEAGE	4.00	100.00
1131	175 sks	60/40 Perm mix Cement	12.55	2196.25
1118B	600 #	Gel 4%	.21	126.00
1107A	175 #	Phenoseal 1# per/sk	1.29	225.75
1126A	50 sks	Thick set Cement	19.20	960.00
1110A	250 #	Kol Seal 5# per/sk	.46	115.00
5407	10.28 Ton	Tan Mileage Bulk Trucks	m/c	350.00
1118B	500 #	Gel Flush	.21	105.00
5601C	3hrs	Water Transport	112.00	336.00
1123	4000 gallons	City Water	16.50/1000	66.00
			Sub Total	5610.00
			SALES TAX 7.3%	276.98
			ESTIMATED TOTAL	5886.98

Ravin 3737

248881

AUTHORIZATION X Ed Birk 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.