



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 35525

LOCATION Levada, KS

FOREMAN Shannon Truck

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

FIELD TICKET & TREATMENT REPORT

CEMENT 15-019-27216

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY			
7-7-12		South Butcher #4	25	33	10 E	CO			
CUSTOMER <u>Jack Horton</u>		TRUCK #		DRIVER		TRUCK #		DRIVER	
MAILING ADDRESS <u>P.O. Box 97</u>		445		Dave G					
CITY <u>Sedan</u>		515		Celia H					
STATE <u>KS</u>		137		Chris B					
ZIP CODE <u>67361</u>				Dan G (McCoy Trucking)					

JOB TYPE <u>Logging</u>	HOLE SIZE <u>4 1/2"</u>	HOLE DEPTH <u>1330</u>	CASING SIZE & WEIGHT <u>4 1/2"</u>
CASING DEPTH <u>1316</u>	DRILL PIPE <u>—</u>	TUBING <u>—</u>	OTHER <u>—</u>
SLURRY WEIGHT <u>—</u>	SLURRY VOL <u>—</u>	WATER gal/sk <u>7.0</u>	CEMENT LEFT in CASING <u>—</u>
DISPLACEMENT <u>—</u>	DISPLACEMENT PSI <u>—</u>	MIX PSI <u>—</u>	RATE <u>-7 BPM</u>

REMARKS: Big up to 4 1/2" casing Break circulation w/ 5 Bbl water, 400 # gel flush with hulls, 5 Bbl water spacer, Mixed 140 SKS 7 thick set cement with 5 # kol-seal/sk & 1 # phenoseal/sk @ 136 #/gal. Shut down wash out pump & lines & replace with 21 Bbl water. Final pumping pressure of 800 psi, bumped plug to 1300 psi. wait two minutes, Plug & Flood held good. 7 Bbl Slurry to pit. good circulation

Thanks Shannon & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	50	MILEAGE	4.00	200.00
1126A	140 SKS	7 thick set cement	19.20	2688.00
1110A	700 #	kol seal @ 5 #/sk	.46	322.00
1107A	140 #	Phenoseal @ 1 #/sk	1.29	180.60
1118B	400 #	gel-flush	.21	84.00
1105	45 #	Hulls	.44	19.80
5107A	7.7 tons	Ton mileage bulk Truck	1.34	515.90
5502C	4 Hrs	80 Bbl Vac Truck	90.00	360.00
5502C	4 Hrs	80 Bbl Vac Truck	90.00	360.00
1123	6000 gals	city water	16.50/1000	99.00
4404	1	4 1/2" Top Rubber Plug	45.00	45.00
Total			6189.68	check #
- 5%			309.49	1152
Sub Total			5904.30	
Total			5980.11	8.3%
SALES TAX			285.38	
ESTIMATED TOTAL			6189.68	

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