



1100078

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method: Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 36325
LOCATION Eureka
FOREMAN Russell McCoy

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
6-28-2012	6605	Mannschreck # 10	32	32	17	Coffey
CUSTOMER Quest Development			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 413			485	Alan B		
CITY FOIA			611	JOEY		
STATE KS			483	McCoy		
ZIP CODE 66749						

JOB TYPE 45 0 HOLE SIZE _____ HOLE DEPTH 1044 CASING SIZE & WEIGHT 2 7/8 Tubing
CASING DEPTH 1034 DRILL PIPE _____ TUBING 2 7/8 OTHER _____
SLURRY WEIGHT 13.8 SLURRY VOL 32 Bbl WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT 6 Bb DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting, Rig up to 2 7/8 Tubing, Break circulation w/ 5 Bbl fresh water mix + Pump 4 SKs gel, Bring gel to Surface w/ pit water w/ 10% of cuttings mix 125 SKs owc w/ 1/2 # Phenoseal at 13.8 P/gallon. SHUT DOWN, wash out Pump + Lines Drop 2 Plugs Displace w/ 6.05 Bbl water Final Pump PSI 400 # Bump to 1.000 # check FLAT FLAT HEAD. GOOD cement Returns to Surface. 5 Bbl Slurry, Close Tubing IN at 0 PSI. CEMENT STAYED FULL ON ANNULARS.

THANK YOU
Russell McCoy

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
1126	125 SKs	owc cement	18.80	2350.00
1107 A	62 #	Phenoseal 1/2 # P/gal	1.29	79.98
1118 B	300 #	gel Flush	.21	63.00
5407 A	6.5 Ton	Ton Mileage Bulk Truck	1.34	435.50
5502 c	4 hrs	80 Bbl UAC Truck	90.00	360.00
1123	3,000 gallons	city water	16.50/1000	49.50
4402	2	2 7/8 TOP rubber Plugs	28.00	56.00
				4623.98
			SALES TAX	163.71
			ESTIMATED TOTAL	4787.69

Ravin 8737

AUTHORIZATION *[Signature]* TITLE 250915 DATE 6-28-20

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

