



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
820-431-9210 or 800-467-8678

TICKET NUMBER 34972

LOCATION Ottawa, KS

FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT

CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9/12/12	7806	E. Whitman #14-T	SW 15	20	20	AN

CUSTOMER
Tailwater Inc

MAILING ADDRESS
6421 Avenale Dr Suite 212

CITY Oklahoma City STATE OK ZIP CODE 73116

TRUCK #	DRIVER	TRUCK #	DRIVER
481	Casken	CK	
485	Har Ber	HS	
510	Set Inc	ST	
369	Apr Mas	DM	

JOB TYPE Logging HOLE SIZE 5 5/8" HOLE DEPTH 8161' CASING SIZE & WEIGHT 2 7/8" EUE

CASING DEPTH 851' DRILL PIPE _____ TUBING _____ OTHER _____

SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____

DISPLACEMENT 4.95 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 5.5 bpm

REMARKS: held safety meeting, established circulation, mixed + pumped 100 # Premium Gel followed by 10 bbls fresh water, mixed + pumped 12.5 sbs 50/50 Pozmix cement w/ 270 sel per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 4.95 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

Handwritten signature/initials

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5406	15 mi	MILEAGE		60.00
5402	851'	Casing footage		
5407	1/2 minimum	ton mileage		175.00
5502C	1.5 hrs	80 Uac		135.00
1124	125 sbs	50/50 Pozmix cement		1368.75
1118B	310 #	Premium Gel		65.10
4402	1	2 1/2" rubber plug		28.00
			7.8%	SALES TAX
				ESTIMATED
				TOTAL

Rev 11/27/11

AUTHORIZATION N. Co Rep on location 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

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