



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 34973

LOCATION Ottawa, KS

FOREMAN Casper Kennedy

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
9/17/12	7806	E. Whitman # 15-T	SW 15	20	20	AN

CUSTOMER
Tailwater Inc.
MAILING ADDRESS
6421 Avondale Dr, Suite 212
CITY
Oklahoma City STATE
OK ZIP CODE
73116

TRUCK #	DRIVER	TRUCK #	DRIVER
481	Cas Ken	ck	
495	Har Bec	HB	
510	Set Tue	ST	
319	Der Mac	DM	

JOB TYPE long string HOLE SIZE 5 7/8" HOLE DEPTH 861' 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 Gels followed by 10 bbls fresh water, mixed + pumped 125 sks 50/50 Pozmix cement w/ 2% gel 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.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5406	on lease	MILEAGE		
5402	851'	casing footage		
5407	1/2 minimum	ton Mileage		175.00
5502C	1.5 hrs	80 Vac		135.00
1124	125 sks	50/50 Pozmix cement		1368.75
1118B	310 #	Premium Gels		65.10
4402	1	2 1/2" rubber plug		28.00
			7.0%	SALES TAX
				ESTIMATED TOTAL
				114.02
				2915.87

Ravin 3737

AUTHORIZATION No Co. Rep. or 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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