



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 37511

LOCATION Ottawa, KS

FOREMAN Cassey Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9/5/12	7806	Pedro # 11T	NW 28	20	20	AN
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Tailwater Inc			481	Caskan	ck	
MAILING ADDRESS			Lele	Gar Moo	GM	
6421 Avondale Dr, Suite 212			510	Set Tuc	ST	
CITY	STATE	ZIP CODE	505T106	Jas Ric	JR	
Oklahoma City	OK	73116				

JOB TYPE logstring HOLE SIZE 5 5/8" HOLE DEPTH 892' CASING SIZE & WEIGHT 2 1/8" EUE
 CASING DEPTH 882' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 5.13 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 100# Premium Gel followed by 10 bbls fresh water, mixed & pumped 119 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/ 5.13 bbls fresh water, pressured to 500 PSI, released pressure, shut in casing.

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5461		PUMP CHARGE		1030.00
5406	on lease	MILEAGE		
5402	882'	casing footage		
5407	1/2 minimum	ton mileage		175.00
5501C	1.5 hrs	Transport		168.00
1124	119 sks	50/50 Pozmix cement		1303.05
1118B	300 #	Premium Gel		63.00
4402	1	2 1/2" rubber plug		28.00
			7.8%	SALES TAX
				ESTIMATED TOTAL
				2875.78

Ravin 3737
 AUTHORIZATION [Signature] 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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