



CONSOLIDATED
Oil Well Services, L.L.C.

TICKET NUMBER 33736
LOCATION Onkoy
FOREMAN Fuzzy - Wally
Ks

PO Box 884, Chanute, KS 68720
620-431-0210 or 800-407-0070

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-4-11	5342	MCCALL 1-4				Trego
CUSTOMER MCELURAIN OIL & GAS			CITY STATE ZIP CODE			
MAILING ADDRESS			CITY STATE ZIP CODE			
CITY			STATE			
ZIP CODE			CITY STATE ZIP CODE			

JOB TYPE 2 stage HOLE SIZE 7 7/8 HOLE DEPTH 4090' CASING SIZE & WEIGHT 4 1/2 10.5
CASING DEPTH 4079' DRILL PIPE _____ TUBING _____ OTHER DU Tool - 1796
SLURRY WEIGHT 10.7-14 SLURRY VOL _____ WATER gal/ek _____ CEMENT LEFT in CASING 21
DISPLACEMENT 64.5 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: 359-27.5 mud
Safety meeting on well #4 float equip cost 1,3,5,7,9,11,13,15,17,56
DU Tool Top 55 - Basket Top 54, Run up & circulate, Pump 5 BBL water, 500 gal
mud flush, 5 BBL water, mix 12.5 slt CMB @ 10.7 TAIL WITH 1500 LBS CMB
@ 14" wash pump + 1 hrs, Drop plus and displace 30 BBL water, 24 BBL mud
lit & press 800# handle @ 1500' water 10 min open tool @ 500' circ 2 hrs,
Pump 5 BBL water mix 5 BBL in RH, mix 24.5 slt CMB down 4 1/2 casing
wash pump + 1 hr, Drop plus and displace 29 BBL lit & 600# close DU
Tool @ 1800' float held cement did circulate approx 20 BBL to pit
Thanks Fuzzy & crew

ACCOUNT CODE	QUANTITY OF UNITS	DESCRIPTION OF SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401P	1	PUMP CHARGE	2850	2850
5406	40	MILEAGE	5	200
5407A	25.62 tons	Tow mileage Delivery	12.5	1619
11045	545 sks	Class A Cement	16.5	9156
1111R	1024 lbs	Sodium Metasilicate	2.25	2314.24
1102	1024#	Calcium Chloride	.84	860.16
1101	1024#	Plaster	.46	471.04
1118B	2048#	Bentonite	.24	491.52
1144G	300 gal	Mud Flush	1.66	500.00
4156	1	AFU float shoe - 4 1/2	342.00	342.00
4129	10	Centralizers - 4 1/2	46.00	460.00
4103	1	Cement Basket - 4 1/2	261.00	261.00
4284	1	DU Tool w/ latch down - 4 1/2	3850.00	3850.00
			Subtotal	23375.16
			less 10% disc	2337.52
			As per Bid	21037.64
			Subtotal	21037.64
			SALES TAX	1144.81
			ESTIMATED TOTAL	22182.45

Rev'n 0737

AUTHORIZATION [Signature] TITLE Agent 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.