



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 35531

LOCATION Eureka

FOREMAN Rick Ledford

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

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-031-23370

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/9/12	9999	Hodges # 4	12	215	13E	Coffey
CUSTOMER <u>Dennis Hodges</u>			3 Rivers Exploration			
MAILING ADDRESS <u>1827 Rd 2</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY <u>Reading</u>			STATE <u>KS</u>	ZIP CODE <u>66889</u>		
			520	John		
			479	Merle		
			92	Allen G. (McLay Texas)		

JOB TYPE L/S 0 HOLE SIZE 7 7/8" HOLE DEPTH 1821' CASING SIZE & WEIGHT 5 1/2" 15.5"
 CASING DEPTH 1811' c.l. DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.6# SLURRY VOL 44 Bbl WATER gal/sk 9.0 CEMENT LEFT in CASING 0'
 DISPLACEMENT 43.5 Bbl DISPLACEMENT PSI 800 ~~MAX~~ PSI 1300 Bump plug RATE _____

REMARKS: Safety meeting. Rig up to 5 1/2" casing. Break circulation w/ 5 Bbl fresh water. Pump 11 Bbl caustic soda pre-flush, 5 Bbl water spacer. Mixed 140 sacks thickset cement w/ 5 # Kolseal/sk @ 13.6#/gal. Washout pump + lines, release latch down plug. Displace w/ 43.5 Bbl fresh water. Final pump pressure 800 PSI. Bump plug to 1300 PSI. Release pressure, float + plug held. Good circulation @ all times while cementing. Job complete. Rig down.

"THANK YOU"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	45	MILEAGE	4.00	180.00
1126A	140 sacks	thickset cement	19.20	2688.00
1110A	200 #	5# Kolseal/sk	.46	322.00
1103	100 #	Caustic soda pre-flush	1.61	161.00
5407A	7.7	tan mileage bulk tax	1.34	464.31
5502C	4 hrs	80 Bbl WAC. TAX	90.00	360.00
1123	3000 gals	city water	16.50/1000	49.50
4164	1	5 1/2" cement basket	229.00	229.00
4130	5	5 1/2" x 7 7/8" centralizers	48.00	240.00
4159	1	5 1/2" AFU float shoe	344.00	344.00
4454	1	5 1/2" latch down plug	254.00	254.00
Total - 6591.92			Subtotal	6321.81
-5% -329.100 <u>CL #1821</u>			SALES TAX	270.11
<u>\$ 6262.32</u>			ESTIMATED TOTAL	6591.92

Revin 3737

AUTHORIZATION Dennis D. Hodges TITLE Owner/Operator DATE 10-9-12

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