



CONSOLIDATED
Oil Well Services, LLC

Allen Sell 6725-2-9-2766

TICKET NUMBER **38760**

Fried sell 785-2-9-

LOCATION Ottawa KS

FOREMAN Fred Mader

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

FIELD TICKET & TREATMENT REPORT
CEMENT 2149

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																				
1/25/13		Qin #2				MI																				
CUSTOMER Qin Investment LLC			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>506</td> <td>Franco</td> <td>Sotety</td> <td>WJG</td> </tr> <tr> <td>495</td> <td>Har. Bee</td> <td>HB</td> <td></td> </tr> <tr> <td>370</td> <td>Jaspic</td> <td>JR</td> <td></td> </tr> <tr> <td>510</td> <td>Sot Tuc</td> <td>ST</td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	506	Franco	Sotety	WJG	495	Har. Bee	HB		370	Jaspic	JR		510	Sot Tuc	ST	
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MAILING ADDRESS 4937 River Chase Dr																										
CITY Parkville		STATE MO	ZIP CODE 64151																							

JOB TYPE <u>log</u>	HOLE SIZE <u>6"</u>	HOLE DEPTH <u>700'</u>	CASING SIZE & WEIGHT <u>2 7/8 EUE</u>
CASING DEPTH <u>6 FT</u>	DRILL PIPE <u>1</u>	TUBING	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT IN CASING <u>1/2" Plug</u>
DISPLACEMENT <u>4.0 BBL</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>532/111</u>

REMARKS: Hold crew meeting. Establish pump rate. Mix + Pump 100' Gel. Flush. Mix + Pump 105 sks 50/50 Poz Mix Cement + 2 7/8 Gel. Cement to surface. Flush pump + lines clean. Displace 1/2" rubber plug to casing TD. Pressure to 800' PSI. Release pressure to set float valve. Shut in casing.

JTC Drilling Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5407	1	PUMP CHARGE	495	1030 ⁰⁰
5406		MILEAGE		N/C
5402	687	Casing Footage		N/C
5407	1/2 Minimum	Ten Miles	510	175 ⁰⁰
5500C		80 BBL Vac Truck	370	135 ⁰⁰
1124	103 sks	50/50 Poz Mix Cement		1149 ⁷⁵
1115B	377 [#]	Pr-mix Gel		56 ¹²
4402	1	3/8" Rubber Plug		25 ⁰⁰
		Thank You		
	1/25/13	Less 5% Discount		133 ⁴⁶
	1187	Total		2535 ²¹
		7.55%	SALES TAX	93 ²¹
			ESTIMATED TOTAL	2669 ²³

Revin 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.