TICKET NUMBER **37335**
LOCATION Ottawa, KS
FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/3/12	7069	Reynolds #WI-7	SE 5	17	22&0	MI

CUSTOMER Kousch Oil Well

MAILING ADDRESS PO Box 520

CITY	STATE	ZIP CODE
Ottawa	KS	66067

TRUCK #	DRIVER	TRUCK #	DRIVER
481	CasKen	ck	
colde	GarMoo	GM	
675	KeiDet	KD	
548	MikHaa	MH	

JOB TYPE longstring   HOLE SIZE 5 5/8"   HOLE DEPTH 760'   CASING SIZE & WEIGHT 2 7/8" EUE

CASING DEPTH 756'   DRILL PIPE_____   TUBING_____   OTHER_____

SLURRY WEIGHT_____   SLURRY VOL_____   WATER gal/sk_____   CEMENT LEFT in CASING 2½" rubber plug

DISPLACEMENT 4.40 bbls   DISPLACEMENT PSI_____   MIX PSI_____   RATE 4.6 bpm

REMARKS: held safety meeting, established circulation, mixed + pumped 100 # Premium Gel followed by 100 bbls fresh water, mixed + pumped 107 sks 50/50 Pozmix cement w/ 2% gel per sk, cement to surface, flushed pump clean, pumped 2½" rubber plug to casing _____ TD w/ 4.40 bbls fresh water, pressured to 800 PSI, well held pressure for 30 min MIT, released pressure, shut in casing.

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5406	on lease	MILEAGE		
5402	756'	casing footage		
5407	½ minimum	ton mileage		175.00
5502C	1.5 hrs	80 Vac		135.00
1124	107 sks	50/50 Pozmix cement		1171.65
1118B	280 #	Gel		58.80
4402	1	2½" rubber plug		28.00
			SALES TAX	95 01
			ESTIMATED TOTAL	2693 46

Ravin 3737

251120

AUTHORIZTION BoC Russell   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