



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 41270
LOCATION Garaka
FOREMAN Steve Muel

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

FIELD TICKET & TREATMENT REPORT

CEMENT APT 15-015-23964

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-6-13		Bluestem #10-13	20	24S	5E	Butler
CUSTOMER TriPower Resources LLC			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 849			485	Alan M		
CITY ARDMORE			477	Allen B		
STATE OK		ZIP CODE 73402				

JOB TYPE SURFACE C HOLE SIZE 12 1/4 HOLE DEPTH 229' CASING SIZE & WEIGHT 8 5/8 23#
 CASING DEPTH 224' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/ek _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 13 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: SAFETY Meeting: Rig up to 8 5/8 casing 13 bbls circulation w/ 5 bbls
Fresh water. Mix 125 SKS Class A Cement w/ 3% CaCl2, 2% Gel + 1/4"
Flo Cel 2 w/ 1 sk Displace with 13 bbls Fresh water. Shut well in.
Good cement Returns to surface 10 bbl to pit.
Job Complete Rig down

Thank You

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54013	1	PUMP CHARGE	825.00	825.00
5406	15	MILEAGE	4.00	60.00
11045	125 SKS	Class A Cement	14.95	1868.75
1102	352#	CaCl2 3%	.74	260.48
111813	235#	Gel 2%	.21	49.35
1107	32#	Flo Cel 1/4" PULSK	2.35	75.30
5407	5.88	Ton Mileage Bulk Truck	MVC	330.00
			Sub Total	3488.78
			6.55% SALES TAX	147.62
			ESTIMATED TOTAL	3636.40

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.