



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 37565
LOCATION Ottawa KS
FOREMAN Fred Maden

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8/13/12	9099	Rock Creek Oil Field #3	SE 35	15	21	M1

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
INSOCO Industries	506	Fred Mad	Safety	Mdy
	666	Gar Moo	GM	D
	675	Kid Det	KB	
	510	Set Tuc	ST	

MAILING ADDRESS	CITY	STATE	ZIP CODE
6902 Martindale	Shawnee	KS	66218

JOB TYPE log string HOLE SIZE 10 3/4 HOLE DEPTH 560' CASING SIZE & WEIGHT 4 1/2"
 CASING DEPTH 554' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 4 1/2" Plug
 DISPLACEMENT 6.5 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 43 PM

REMARKS: Establish pump rate. Mix & pump 100# Premium Gel
Flush. Mix & pump 82 sks 50/50 Por Mix Cement 270
Gal. 1/2" Pheno Seal/sk. Cement to surface. Flush pump
& lines clean. Displace 4 1/2" Rubber Plug to casing T.D.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	666	1030.00
5406	25 m.	MILEAGE	666	100.00
5402	554	Casing footage	N/C	N/C
5407	Minimum	Ten Miles	500	350.00
55020	2 hrs	80 BBL Vac Truck	675	180.00
1124	52 SKS	50/50 Por Mix Cement		89.70
1110B	235	Premium Gel		49.92
1107A	91	Pheno Seal		52.0
4404	1	4 1/2" Rubber Plug		4.50
			Total	2705.77
			2%	54.12
			Subtotal	2759.89
			7.55%	77.37
			ESTIMATED TOTAL	2837.26

RAVIN 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.

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