



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 41205
LOCATION EUREKA
FOREMAN KEVIN MCCOY

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-6676

FIELD TICKET & TREATMENT REPORT

CEMENT *API 15-115-21438*

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-3-13	5631	HANNA FORD # 1	36	215	4E	MARION

CUSTOMER	MAILING ADDRESS	CITY	STATE	ZIP CODE
Noble Petroleum Inc.	3101 N. Rock Rd.	Wichita	KS	67226

TRUCK #	DRIVER	TRUCK #	DRIVER
520	John S.		
515	Joey K.		
637	Matt R.		

JOB TYPE Longstring HOLE SIZE 7 7/8 HOLE DEPTH 2690' K.B. CASING SIZE & WEIGHT 5 1/2 14" NEW
 CASING DEPTH 2679' 6" G.L. DRILL PIPE 2682' K.B. TUBING OTHER PBTD 2669' G.L.
 SLURRY WEIGHT 13.6" SLURRY VOL 33 BBL WATER gal/ak 9.0 CEMENT LEFT IN CASING 10'
 DISPLACEMENT 65.3 BBL DISPLACEMENT PSI 800 PSI 1200 Bump Plug RATE 5 BPM

REMARKS: Safety Meeting: Rig up to 5 1/2 casing, Break Circulation w/ 5 BBL fresh water. Pump 15 BBL Metasilicate Pre Flush, 5 BBL water spacer. Mixed 100 SKS THICK Set Cement w/ 5" Kol-Seal/sk @ 13.6" /gal = 33 BBL slurry. Wash out Pump & Lines. Shut down. Release Latch down Plug. Displace Plug to Seat w/ 65.3 BBL fresh water. Final Pumping Pressure 800 PSI. Bump Plug to 1200 PSI. wait 2 minutes. Release Pressure, Float & Plug Held. Good Circulation @ ALL Times while Cementing. Job Complete. Rig down.

Centralizers on #1,3,5,7,9,12 Baskets on #4,10

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	25	MILEAGE	4.00	100.00
1126 A	100 SKS	THICK Set Cement	19.20	1920.00
1110 A	500 "	KOL-SEAL 5"/SK	.46	230.00
1111 A	100 "	Metasilicate Pre Flush	2.00	200.00
5407	5.5 TONS	Ton Mileage BULK Delv.	M/c	350.00
5502 C	4.5 HRS	80 BBL VAC TRUCK	90.00	405.00
1123	3000 gals	City water	16.50/1000	49.50
4203	1	5 1/2 Guide Shoe	160.00	160.00
4228 B	1	5 1/2 API insert	172.00	172.00
4454	1	5 1/2 Latch down Plug	254.00	254.00
4104	2	5 1/2 Cement BASKETS	229.00	458.00
4130	6	5 1/2 X 7 7/8 Centralizers	48.00	288.00
		Sub TOTAL		5616.50
		THANK You	7.8%	SALES TAX
				ESTIMATED TOTAL
				5907.56

Ravin 3797

AUTHORIZATION Gay L Reed TITLE X 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.