



CONSOLIDATED
Oil Well Services, LLC

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

ENTERED

API # 15-073-24184

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 41457

LOCATION Evreux

FOREMAN Rick Ledford

[Signature]

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-3-13	4418	Schneider-Hansen #9	9	23S	13E	GW
CUSTOMER			TRUCK #			
Kraft Oil LLC			DRIVER			
MAILING ADDRESS			TRUCK #			
434 Iris Rd SW			DRIVER			
CITY			TRUCK #			
Gridley			DRIVER			
STATE			TRUCK #			
KS			DRIVER			
ZIP CODE			TRUCK #			
66852			DRIVER			

JOB TYPE L/S 0 HOLE SIZE 6 3/4" HOLE DEPTH 1832' CASING SIZE & WEIGHT 4 1/2" 11.6"
 CASING DEPTH 1830.76 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 12.8"-13.5" SLURRY VOL 65 bbl WATER gal/sk 80-90 CEMENT LEFT in CASING 0'
 DISPLACEMENT 28.4 bbl DISPLACEMENT PSI 900 BUMP PSI 1300 Bump plug RATE _____

REMARKS: Safety meeting - Rig up to 4 1/2" casing. Break circulation w/ 5 bbl fresh water.
Mixed 150 sacks 60/40 permix cement w/ 8% gel + 1# phenaseal/sk @ 12.8"/gal. Tail in
w/ 60 sacks thickset cement w/ 5# Kol-seal/sk + 1# phenaseal/sk @ 13.5"/gal. Washout pump + lines.
release plug. Displace w/ 28.4 bbl fresh water. Final pump pressure 900 PSI. Bump plug to 1300
PSI. release pressure, float + plug held. Good cement returns to surface = 15 bbl slurry to pit.
Job complete. Rig down.

Thank You

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	40	MILEAGE	4.00	160.00
1131	150 sacks	60/40 permix cement	12.55	1882.50
1118A	1030#	8% gel	.21	216.30
1107A	150#	1# phenaseal/sk	1.29	193.50
1126A	60 sacks	thickset cement	19.20	1152.00
1110A	300#	5# Kol-seal/sk	.46	138.00
1107A	60#	1# phenaseal/sk	1.29	77.46
5407A	9.75	tan mileage bulk trk	1.34	522.60
5502C	3 hrs	80 bbl vac. TRK	90.00	270.00
1123	3000 gals	city water	16.50/1000	49.50
4129	3	4 1/2" centralizers	42.00	126.00
4141	1	AFV float shoe	286.00	286.00
4404	1	4 1/2" top rubber plug	45.00	45.00
			Subtotal	6148.80
			7.3% SALES TAX	304.14
			ESTIMATED TOTAL	6452.94

Ravin 3737

[Signature]

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AUTHORIZATION _____ 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