



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 41438

LOCATION Foreka KS

FOREMAN Shannon Feck

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY												
3-29-13	4418	Schneider-Hammen #9	9	235	13E	6.W												
CUSTOMER Kraft Oil LLC			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>445</td> <td>Dave G</td> <td></td> <td></td> </tr> <tr> <td>667</td> <td>Chris B</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	445	Dave G			667	Chris B		
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445	Dave G																	
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MAILING ADDRESS 434 Iris Rd SW																		
CITY Gridley		STATE KS	ZIP CODE 66852															

JOB TYPE SP 0 HOLE SIZE 12 1/4" HOLE DEPTH 42' CASING SIZE & WEIGHT 8 5/8"
 CASING DEPTH 40' 6" DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.5-15# SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 10'
 DISPLACEMENT 2.4 Bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Safety Meeting, rig up to 8 5/8" casing, Break circulation, mixed 40SKS Class "A" cement w/ 3% calcium, displace w/ 2.4 Bbl H2O + Shut casing in. Good circulation @ all times 3-4 Bbl Slurry to pit. Job complete.

"Thanks Shannon & crew"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	825.00	825.00
5406	40	MILEAGE	4.00	160.00
11045	40 SKS	Class "A" cement	14.95	598.00
1102	113#	3% calcium	.74	83.62
5407	1.88 Tons	Ton mileage bulk Truck	m/c	350.00
			Sub Total	2066.62
			SALES TAX <u>7.3%</u>	49.75
			ESTIMATED TOTAL	2066.37

Ravin 3737

051184

AUTHORIZATION

Ben Hume

TITLE

Toolpusher

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.