



CONSOLIDATED
Oil Well Services, LLC

256217

TICKET NUMBER 39101

LOCATION Ottawa, KS

FOREMAN Casey Kennedy

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
1/22/13	4448	Gutterman # KRI-17	NE 19	22	14	JO
CUSTOMER Kansas Resource Exp + Dev			TRUCK #		DRIVER	
MAILING ADDRESS 9393 W. 110th St, Suite 500			481		Casken	
CITY Overland Park			495		Har Bec	
STATE KS			503		Dan Dot	
ZIP CODE 66210			675		Mikhaa	

JOB TYPE log string HOLE SIZE 5 5/8" HOLE DEPTH 8161' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 851' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 4.93 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 5.5 gpm

REMARKS: held safety meeting, established circulation, mixed & pumped 100 # Premium Gel followed by 10 bbls fresh water, mixed & pumped 128 sgs 50/50 Pozmix cement w/ 2% gel + 1/2 # Phenoseal per sk, cement to surface, flushed pump clean, pumped 2 2 1/2" rubber plug to casing TD w/ 4.93 bbls fresh water, pressured to 800 PSI, released pressure, shot in casing.

Handwritten signature/initials

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5406	30 mi	MILEAGE		120.00
5402	851'	casing footage		
5407	minimum	ton mileage		350.00
5502C	2 hrs	80 Vac		180.00
1124	128 sgs	50/50 Pozmix cement		1401.60
1118B	315 #	Premium Gel		66.15
1107A	64 #	Phenoseal		82.56
4402	2	2 1/2" rubber plug		56.00

completed

Ravin 3737

7.525%

SALES TAX ESTIMATED TOTAL 120.87
3407.18

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 fi