



CONSOLIDATED
Oil Well Services, LLC

256628

TICKET NUMBER 38814

LOCATION Ottawa

FOREMAN Alan Mader

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 |
|----------------------------------|-------------------------|--------------------|-------------------------------|----------|-------------|--------|
| 2-8-23 | 4448 | Guetter man KRI-32 | APB 19 | 15 | 22 | JO |
| CUSTOMER Kansas Resources E+D | | | TRUCK # | DRIVER | TRUCK # | DRIVER |
| MAILING ADDRESS 9393 W 110th | | | 516 | Ala Mad | Safety Meet | |
| CITY Overland Park | | | 368 | Br McJ | ARM | |
| STATE KS | | | 675 | Mik Hag | MH | |
| ZIP CODE 66210 | | | 523 | Dan Det | DD | |
| JOB TYPE long string | HOLE SIZE 5 3/8 | HOLE DEPTH 9.32 | CASING SIZE & WEIGHT 2 7/8 | | | |
| CASING DEPTH 917 | DRILL PIPE | TUBING | OTHER | | | |
| SLURRY WEIGHT | SLURRY VOL | WATER gal/sk | CEMENT LEFT in CASING YES | | | |
| DISPLACEMENT 5.3 | DISPLACEMENT PSI 800 | MIX PSI 200 | RATE 4 bpm | | | |

REMARKS: Held meeting Hooked to casing. Established rate. Mixed + pumped 100# gel down casing to flush hole, followed by 142 sk 50/50 cement plus 2 7/8 gel & 1/2# Pheno seal per sack. Circulated cement. Flushed pump. Pumped 2 plugs to casing TD. Well held 800 PSI. Set float + closed valve. Location was very muddy + sloppy. Extra cement probably due to casing hole.
Evans Mitchell

Alan Mader

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|------------------|-------------------|------------------------------------|------------|----------|
| 5401 | 1 | PUMP CHARGE | 368 | 1030.00 |
| 3406 | 30 | MILEAGE | 368 | 120.00 |
| 5402 | 917 | casing footage | 368 | |
| 3407 | trip | ten miles | 523 | 350.00 |
| 5502C | 3 | 80 van | 675 | 270.00 |
| 1184 | 142 | 50/50 cement | | 1534.90 |
| 1118B | 339# | gel | | 71.19 |
| 1107A | 71# | Pheno seal | | 9159 |
| 4402 | 2 | 2 1/2 plugs | | 56.00 |
| completed | | | | |
| SALES TAX | | | | 1133.47 |
| ESTIMATED TOTAL | | | | 13677.15 |

[Signature]

Ravin 3737

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.