



CONSOLIDATED
Oil Well Services, LLC

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

ENTERED

TICKET NUMBER 41716
LOCATION Enera
FOREMAN Rick Loford

API # 15-031-23522

FIELD TICKET & TREATMENT REPORT

CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-24-13		Finnerity #5	12	213	13E	Coffey
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Dennis Hodges			485	Alan		
MAILING ADDRESS			1011	Joey		
1827 Rd 2			83	Alan Creamer (McLay, Ric)		
CITY	STATE	ZIP CODE				
Reading	KS	66288				

JOB TYPE L/S 0 HOLE SIZE 7 7/8 HOLE DEPTH 1882' CASING SIZE & WEIGHT 5 1/2" 17"
 CASING DEPTH 1885' RB DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.6* SLURRY VOL 48 Bbl WATER gal/sk 9.0 CEMENT LEFT in CASING 0'
 DISPLACEMENT 43 3/4 Bbl DISPLACEMENT PSI 700 MFR PSI 1300 Bump plus RATE _____

REMARKS: Safety meeting - Rig up to 5 1/2" casing. Break circulation w/ 5 Bbl fresh water. Pump 100' caustic soda pre-flush w/ 12 Bbl water, 10 Bbl water spacer. Mixed 170 lbs thickset cement w/ 5" Rol-seal/yr @ 13.6*/gal. washout pump + lines, release latch down plug. Displace w/ 43 3/4 Bbl fresh water. Final pump pressure 700 PSI. Bump plus to 1300 PSI. release pressure, flow + plug held. Good circulation @ all times while cementing. 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	45	MILEAGE	4.00	180.00
1126A	140 sks	thickset cement	19.20	2688.00
1110A	700*	5" Rol-seal/yr	.46	322.00
1103	100*	Caustic soda pre-flush	1.61	161.00
5422A	2.7	tan mileage bulk tax	1.34	464.31
5502C	4 hrs	30 Bbl WRC tax	90.00	360.00
1123	3000 gals	city water	16.50/1000	49.50
4104	1	5 1/2" cement basket	229.00	229.00
4130	5	5 1/2" x 7 7/8" restrictors	48.00	240.00
4159	1	5 1/2" AFU float shoe	344.00	344.00
4454	1	5 1/2" latch down plug	254.00	254.00
		Treat # 41703 \$ 3206.41 5/1		
		Treat # 41716 \$ 16591.92 4/5		
		\$ 9798.33		
		-5% \$ 489.92		
		\$ 9308.41		
		Subtotal		16821.81
		SALES TAX		276.11
		ESTIMATED TOTAL		16591.92

5910 < 329.60 7
6060.30

Check # 1997

059010

Ravin 3737

AUTHORIZATION David Loford 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