



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 42888
LOCATION 180
FOREMAN Jacob Storm

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

FIELD TICKET & TREATMENT REPORT

CEMENT

15-015-23984-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																				
7-19-13	3553	Allen memorial Hospital 2A	32	25	S	Butler																				
CUSTOMER Hawkins Oil			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>603</td> <td>Jeremy A</td> <td>702</td> <td>Jacob</td> </tr> <tr> <td>401</td> <td>Jeremy m</td> <td></td> <td></td> </tr> <tr> <td>681</td> <td>mark</td> <td></td> <td></td> </tr> <tr> <td>451 T08</td> <td>Ron</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	603	Jeremy A	702	Jacob	401	Jeremy m			681	mark			451 T08	Ron		
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603	Jeremy A	702					Jacob																			
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451 T08	Ron																									
MAILING ADDRESS 427 S Boston suite 915																										
CITY Tulsa	STATE OK	ZIP CODE 74103																								
JOB TYPE <u>Long string B</u> HOLE SIZE <u>7/8</u> HOLE DEPTH _____ CASING SIZE & WEIGHT <u>5 1/2 mixed</u>																										
CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____																										
SLURRY WEIGHT <u>14 lb</u> SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____																										
DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE <u>7 bpm</u>																										
REMARKS: <u>Sealty meeting, Break circulation mix 185 sks 60/40 8 1/2 gal 2 1/2 cc 5 1/2 kol-seal, 1/2 lb poly, tail with 100 sks thickset 5 1/2 kol-seal displace with 59.88 dis landing plug at 1300 psi check float, float held, job complete, circulating cement to surface</u>																										

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	10	MILEAGE	4.20	42.00
5407	2	min bulk delivery	368.00	368.00
5402	1000	footage	.23	230.00
5501C	5	Transport	120.00	600.00
1126A	100	thickset	20.16	2016.00
1131	185	60/40	13.18	2438.30
1118B	1500	gel	.22	330.00
1110A	1500	kol-seal	.46	690.00
1107	100	poly-flake	2.47	247.00
4104	2	5 1/2 Basket	240.00	480.00
4130	2	5 1/2 centerizer	50.50	101.00
4159	1	5 1/2 Float shoe	361.00	361.00
4454	1	5 1/2 latch down plug	266.75	266.75
5410	1	crar mobilization	50.00	50.00
5408	1	water storage		
		Subtotal		9305.05
		SALES TAX		443.51
		ESTIMATED TOTAL		9748.56

Ravin 3737

AUTHORIZATION [Signature] TITLE 20016 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.



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 43590
LOCATION 180
FOREMAN L. Anderson

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

FIELD TICKET & TREATMENT REPORT

CEMENT APL - 15-DIS-23984-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-13-13	3553	Alley Memorial Hosp 2H	32	253	5E	BUTLER
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
<u>Franklin's Oil LLC</u>			<u>446</u>	<u>Garland</u>		
MAILING ADDRESS			<u>502</u>	<u>Hess</u>		
<u>427 S. Rector St Ste 915</u>			<u>537</u>	<u>Wally S.</u>		
CITY	STATE	ZIP CODE				
<u>Tulsa</u>	<u>OK</u>	<u>74103</u>				

JOB TYPE Surface B HOLE SIZE 12 1/4 HOLE DEPTH 212 CASING SIZE & WEIGHT 8 3/8
 CASING DEPTH 210 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 25 ft
 DISPLACEMENT 13.25 DISPLACEMENT PSI 250 MIX PSI 150 RATE 66 bbls
 REMARKS: Make Cement slurry - mixed 130 sls A + 3% CACH 2 + 1/2 lb Poly - Replaced 1 1/2 bbls - Shut in 828

Consolidated Cement Co Surface

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
<u>54015</u>	<u>1</u>	<u>PUMP CHARGE</u>	<u>870.00</u>	<u>870.00</u>
		<u>MILEAGE</u>		<u>72</u>
<u>11043</u>	<u>130 sls A</u>		<u>15.70</u>	<u>2041.00</u>
<u>1102</u>	<u>320 lbs CACH 2</u>		<u>.78</u>	<u>249.60</u>
<u>1107</u>	<u>50 lbs Poly</u>		<u>2.47</u>	<u>123.50</u>
<u>5407</u>	<u>1</u>	<u>Sub Dep. Only Man.</u>	<u>368.00</u>	<u>368.00</u>
				<u>3652.10</u>
			SALES TAX	<u>154.49</u>
			ESTIMATED TOTAL	<u>3806.59</u>

Ravin 3737

060581

AUTHORIZATION

Brian V. Howell

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.