



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 43892
LOCATION # 180 Eldorado
FOREMAN Jacob Storm

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

FIELD TICKET & TREATMENT REPORT

CEMENT Ap: 15-191-22690-01-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-11-13	7698	Source #14-44-23-44H	14	33 S	1E	Sumner
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Source Energy			446	Josh		
MAILING ADDRESS			681	Jeremy M		
1805 Shea center Dr Ste 100			702	Jacob		
CITY	STATE	ZIP CODE				
Highlands Ranch	CO	80129				

JOB TYPE Surface B **HOLE SIZE** 12 1/4 **HOLE DEPTH** _____ **CASING SIZE & WEIGHT** 9 5/8
CASING DEPTH _____ **DRILL PIPE** _____ **TUBING** _____ **OTHER** _____
SLURRY WEIGHT 14.31b **SLURRY VOL** 39.58 **WATER gal/sk** 5.7 **CEMENT LEFT In CASING** 3ft
DISPLACEMENT 25.19 **DISPLACEMENT PSI** 500 **MIX PSI** 300 **RATE** 5.5 bpm

REMARKS: safty mending, circulate hole with mud for 30 min, test pump and lines to psi, pump 10 bbl water flush, mix 165 sks class A 3/4cc 2 1/2 gal 1/4 lb poly-Flake, displaced with 8 bbl landing plug at 160 psi, check

WELL NAME 14-44-23-44H
Well/AFE 10032D
GL ACC 850.015
GL AC _____
EA _____
DESCR Cement 50LF

SIGNATURE [Signature] **DATE** _____
SUPERVISOR _____

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S	1	PUMP CHARGE		
5406	68	MILEAGE		
5407A	68	x 7.75 ton mileage	X	
1104S	165	class A		
1102	400	calcium chloride		
1118 B	350	gel		
1107	50	poly-Flake		
4183	5	9 5/8 centralizer		
4167	1	9 5/8 float shoe (surc seal)		
4306	1	8 tread hoar		
4310	1	9 5/8 Lock Ring		
4433	1	9 5/8 wooden plug		
5404	8	personnel stand by x 3 men		
5614	1	climbing fee		
			SALES TAX	
			ESTIMATED TOTAL	

Redacted Prices

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Avin 3737
AUTHORIZATION [Signature] **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.