



CONSOLIDATED
Oil Well Services, LLC

259682

TICKET NUMBER 42021
LOCATION Alan Mader
FOREMAN Ottawa

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
10-15-13	1476	Hankin # 31	SW 9	14	22	So
CUSTOMER Duffler Petroleum			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 1385			516	Alan Mader		
CITY Van Alstyne			666	Gar Moo		
STATE Tx			370	Ke: Car		
ZIP CODE 75495			510	Set Tuc		

JOB TYPE plug string HOLE SIZE 6 3/4 HOLE DEPTH 910 CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 893 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 14 DISPLACEMENT PSI 800 MIX PSI 200 RATE 5 bpm

REMARKS: Hooked to casing, Established rate. Mixed & pumped 100# gel followed by 8 bbl dye marker. Mixed & pumped 125 SK 50150 cement plus 270 gel & 1/2# Phenoseal per sack. Circulated dye. Flushed pump. Pumped plug to casing TD. Checked depth with wireline. Circulated 5 bbl cement returns. SET float. Used customer's plug

Duffler Petroleum Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	666	1085.00
5406	30	MILEAGE	666	126.00
5402	893	casing footage	666	—
5407	min	tra miles	510	368.00
5502L	2	80 gal	370	180.00
1124	125	50150 cement		1437.50
118B	310 #	gel		68.20
1107A	63 #	Phenoseal		85.05
5408	1	Weekend surcharge	Tax	119.70
			ESTIMATED TOTAL	3169.45

Revin 3737
 AUTHORIZATION Brandon Paul TITLE _____ DATE _____
 SALES TAX _____

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.