



CONSOLIDATED
Oil Well Services, LLC

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

API # 15-035-24470-00-G1

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 41714

LOCATION Flicks

FOREMAN Rex Ladford

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
5-22-13	7835	Rogers #3 Nuetas	17	325	66	Carroll	
CUSTOMER <u>Tomco Oil Co.</u>			Culce Oris	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>22150 S.E. Cole Creek Rd</u>				<u>520</u>	<u>John</u>		
CITY <u>Atlanta</u>				<u>515</u>	<u>Meile</u>		
STATE <u>KS</u>				<u>637</u>	<u>Jim</u>		
ZIP CODE <u>67008</u>							

JOB TYPE L/S O HOLE SIZE 7 7/8" HOLE DEPTH 3475' CASING SIZE & WEIGHT 5 1/2" 15.5#/ft
 CASING DEPTH 3471 KB DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 136# SLURRY VOL 33 bbl WATER gal/sk 9.0 CEMENT LEFT in CASING 10.0
 DISPLACEMENT 82.4 DISPLACEMENT PSI 500 ~~MAX~~ PSI 1000 Gun plug RATE 5.5 RPM

REMARKS: Safety meeting. Rig up to 5 1/2" casing. Break circulation w/ 5 bbl water ahead. Mixed 100 sacks thickset cement w/ 5# Kol-seal/sk + 2# phenaseal/sk @ 136#/gal. yield 1.25 shut down, washout pump + lines, release latch down plug. Displace w/ 82.4 bbl fresh water. Final pump pressure 500 PSI. Gun plug to 1000 PSI. release pressure, float + plug held. Good circulation @ all times while cementing. Job complete. Rig down.

cent on 1, 3, 5, 7, 9

"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	50	MILEAGE	4.20	210.00
1126A	100 sacks	thickset cement	20.16	2016.00
1112A	500#	5# Kol-seal/sk	.46	230.00
1107A	200#	2# phenaseal/sk	1.35	270.00
5407A	5.5	tax mileage truck use	1.41	387.75
5502C	5 hrs	80 bbl vac. 70%	90.00	450.00
1123	3000 gals	city water	17.30/1000	51.90
4130	5	5 1/2" x 7 7/8" centralizers	50.50	252.50
4203	1	5 1/2" guide shoe (weld on)	1168.00	1168.00
4228B	1	5 1/2" AFU insert	180.75	180.75
4454	1	5 1/2" latch down plug	246.75	246.75

ENTERED

259193

6.0%

Subtotal 5568.65
SALES TAX 233.16
ESTIMATED TOTAL 5802.2

Ravin 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