



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 44683

LOCATION Costa Rica MS

FOREMAN Fred Madar

PO Box 884, Okemah, KS 66720
820-431-8212 or 800-457-8576

FIELD TICKET & TREATMENT REPORT

CEMENT

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|---------------------|------------|--------------------|---------|------------|---------|--------|
| 9-22-14 | 7752 | Dice # D1 | Sec 22 | T6 | R8 | AL |
| CUSTOMER | | | TRUCK # | DRIVER | TRUCK # | DRIVER |
| 3 C2 Resources, LLC | | | 702 | Fred Madar | | |
| MAILING ADDRESS | | | 453 | Bar Bar | | |
| 8614 Cedarhurst Dr | | | 475 | Michael | | |
| CITY | STATE | ZIP CODE | 503 | Dan Duff | | |
| Houston | TX | 77055 | | | | |

| | | | |
|-----------------------------|--------------------|-----------------------|--|
| JOB TYPE <u>Logging</u> | HOLE SIZE <u>6</u> | HOLE DEPTH <u>980</u> | CASING SIZE & WEIGHT <u>2 3/8 EOC</u> |
| CASING DEPTH <u>880</u> | DRILL PIPE | TUBING | OTHER |
| SLURRY WEIGHT | SLURRY VOL | WATER gal | CEMENT LEFT IN CASING <u>2 1/2 P/B</u> |
| DISPLACEMENT <u>500 BBL</u> | DISPLACEMENT PSI | MIX PSI | RATE <u>5 B/P/M</u> |

REMARKS: Hold open safety valve. Establish pump 120. Mix 1000 gal
Flush. Mix & Pump 127 sec 50/50 Perm Mix Cement 22 gal. Cement
to surface. First pump's lower than Displacement 25" thicker plug
to casing TD. Pressure to 500 PSI. Release pressure to set.
Final Valve Shut in casing.

Note: Procton Supply 2 1/2" Plug

JTC Drilling

Fred Madar

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--------------|-------------------|------------------------------------|------------|-----------------|
| 5101 | 1 | PUMP CHARGE | 100 | 100.00 |
| 5106 | 65 mi | WELLS | 3.5 | 227.50 |
| 5102 | 896 | Casing footage | 1/16 | 146.00 |
| 5107A | 354.965 | Ten Miles | 503 | 500.00 |
| 5502 | 1360 | 80 BBL Van. Truck | 475 | 1265.00 |
| 1104 | 127.545 | 50/50 Perm Mix Cement | | 1460.00 |
| 1108 | 314 | Perm Mix Gel | | 67.00 |
| | | | 7.40 | SALES TAX |
| | | | | ESTIMATED TOTAL |
| | | | | 3436.00 |

AUTHORIZATION Fred Madar 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.