CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 43270
LOCATION Eureka
FOREMAN Rick Ledford

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

FIELD TICKET & TREATMENT REPORT
CEMENT

API# 15-001-30585

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-12-13	1828	Moline #MF-2	15	24	18E	Allen

CUSTOMER: Colt Energy
MAILING ADDRESS: P.O. Box 388
CITY: Iola | STATE: Ks | ZIP CODE:

TRUCK #	DRIVER	TRUCK #	DRIVER
520	John		
667	Chris B.		

JOB TYPE: L/S 0 | HOLE SIZE: 6 3/4" | HOLE DEPTH: 864' | CASING SIZE & WEIGHT: 4½", 10.5#/ft.
CASING DEPTH: 859.70 | DRILL PIPE: | TUBING: | OTHER:
SLURRY WEIGHT: 13.6# | SLURRY VOL: 28 Bbl | WATER gal/sk: 6.5 | CEMENT LEFT in CASING: 23'
DISPLACEMENT: 13.5 Bbl | DISPLACEMENT PSI: 300 | ~~MIX~~ PSI: 300# shut in | RATE: 3 BPM

REMARKS: Safety meeting - Rig up to 4½" casing. Break circulation w/ 5 Bbl fresh water. Pump 200# gel-flush, 5 Bbl water spacer, 6 Bbl dye water. Mixed 115 sks Class A cement w/ 2% gel, 1% CaCl2 + 2# phenoseal/sk @ 13.6#/gal. washout pump & lines release plug. Displace w/ 13.5 Bbl fresh water to 837' followed plug w/ wireline. Final pump pressure 300 PSI. Closed well in @ 300 PSI. Good cement returns to surface = 6 Bbl slurry to pit. Job complete. Rig down.

"Thank You"

ACCOUNT CODE	QUANITY 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
1104S	115 sks	class A cement	15.70	1805.50
1118B	215#	2% gel	.22	47.30
1102	110#	1% CaCl2	.78	85.80
1107A	230#	2# phenoseal/sk	1.35	310.50
1118B	200#	gel-flush	.22	44.00
5407A	5.41	tan mileage bulk trk	1.41	381.41
4404	1	4½" top rubber plug	47.25	47.25
			subtotal	4016.76
		7.4%	SALES TAX	173.20
			ESTIMATED TOTAL	4189.96

Ravin 3737

260662

AUTHORIZTION: R. R. [signature] | TITLE: | DATE: 7/12/2013

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.