CONSOLIDATED
Oil Well Services, LLC

263700

TICKET NUMBER 44785
LOCATION Ottawa
FOREMAN Alan Mader

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
11-6-13	7966	Beckmeyer #34	SE 32	15	21	FR

CUSTOMER: Triple T
MAILING ADDRESS: 105 Amity
CITY: Louisburg | STATE: KS | ZIP CODE: 66053

TRUCK #	DRIVER	TRUCK #	DRIVER
516	Ala Mad	Safety	Meet
368	Arl McD		
369	DerMas		
548	Mi:kHag		

JOB TYPE long string | HOLE SIZE 5 7/8 | HOLE DEPTH 820 | CASING SIZE & WEIGHT 2 7/8
CASING DEPTH 790' | DRILL PIPE | TUBING | OTHER 258 baffle
SLURRY WEIGHT | SLURRY VOL | WATER gal/sk | CEMENT LEFT in CASING yes
DISPLACEMENT 4.4 | DISPLACEMENT PSI 800 | MIX PSI 200 | RATE 4bpm

REMARKS: Held meeting. Established rate down casing. Mixed & pumped 100# gel followed by 119sk 50/50 cement plus 2% gel. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float. Closed valve.

TOS, Wes

Alan Mader

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT		UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368		1085.00
5406	20	MILEAGE	368		84.00
5402	790'	casing footage	368		—
5407	min	ton miles	548		368.00
5502C	2	80 vac	369		180.00
1124	119	50/50 cement			1368.50
1118B	324#	gel			71.28
4402	1	2 1/2 plug			29.50
			7.65	SALES TAX	112.40
				ESTIMATED TOTAL	3298.68

completed

Ravin 3737

AUTHORIZTION _____ 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.