



CONSOLIDATED
Oil Well Services, LLC

263312

TICKET NUMBER 44696

LOCATION Ottawa, KS

FOREMAN Casey Kennedy

PO Box 384, Chanute, KS 66720
820-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/16/13	71698	Busewitz #13-14-13-11H	SW13	25	3	Butler Co

CUSTOMER Source Energy Midcon LLC
MAILING ADDRESS 1805 Shea Center Dr Ste 100
CITY Highlands Ranch STATE CO ZIP CODE 80129

TRUCK #	DRIVER	TRUCK #	DRIVER
481	Casey	✓	Safety Meeting
1616	Kei Car	✓	
548	Mik Haa	✓	

JOB TYPE Surface HOLE SIZE 13 1/2" HOLE DEPTH 334' CASING SIZE & WEIGHT 9 5/8" - 36#/ft
CASING DEPTH 334' DRILL PIPE 314' TUBING baffle insert - 275' OTHER _____
SLURRY WEIGHT 14.7 # SLURRY VOL 50.49 bbls WATER gal/sk _____ CEMENT LEFT In CASING _____
DISPLACEMENT 21.27 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.5 bpm

REMARKS: held safety meeting, pressure tested pump & lines to 500 PSI, held pressure for 5 min, released pressure, established circulation, pumped 5 bbls fresh water flush, mixed & pumped 210 sks Class "A" cement w/ 2% Premium Gel, 3% Calcium Chloride, & 1/2 # Flo Seal per sk, cement to surface, pumped 9 5/8" rubber plug to baffle insert w/ 21.27 bbls fresh water, pressured to 800 PSI, casing held pressure, released pressure to set float valve, shut in casing, washed up equipment & cellar.

* Horizontal Well Drillers Rig supplied #20*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE		
5406	116 mi	MILEAGE		116.00
5402	330'	casing footage		
5407	minimum	ton mileage		
1101S	210 sk	Class "A" cement	15.70	
1118B	395 #	Premium Gel	.22	
1102	592 #	Calcium Chloride	.78	
1107	105 #	Flo Seal	2.47	
4415	1	9 5/8" rubber plug		
5617		9 5/8" plug container		
WELL NAME <u>Busewitz 13-14-13-11H</u>				
Well/AFE# <u>100-75D</u>				
GL ACCT <u>830,100</u>		AMT \$ <u>6187.96</u>		
GL ACCT _____		AMT \$ _____		
EXCELLENT <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/>				
DESCRIPTION <u>DOC - Cement Service (SURFACE)</u>				

Ravin 3737

SIGNATURE [Signature] DATE 10/16/13

SUPERVISOR Steve Godfrey

6.4%

SALES TAX
ESTIMATED
TOTAL

AUTHORIZATION [Signature] R.L. Patterson TITLE Well Supv 11/5/13

DATE 10/16/13

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

Wendy Stewart 11/5/13