



REMIT TO
 Consolidated Oil Well Services, LLC
 Dept. 970
 P.O. Box 4346
 Houston, TX 77210-4346

MAIN OFFICE
 P.O. Box 884
 Chanute, KS 66720
 620/431-9210 • 1-800/467-8676
 Fax 620/431-0012

INVOICE

Invoice # **264507**

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 Invoice Date: 12/06/2013 Terms: 0/0/30,n/30 Page **1**

D & Z EXPLORATION
 901 N. ELM ST.
 P.O. BOX 159
 ST. ELMO IL 62458
 (618) 829-3274

E. GORDON #13
 44892
 NW 27-14-22
 12-02-2013
 KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	125.00	11.5000	1437.50
1118B	PREMIUM GEL / BENTONITE	410.00	.2200	90.20
1111	SODIUM CHLORIDE (GRANULA	242.00	.3900	94.38
1110A	KOL SEAL (50# BAG)	625.00	.4600	287.50
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50

Description	Hours	Unit Price	Total
369 80 BBL VACUUM TRUCK (CEMENT)	2.00	90.00	180.00
510 MIN. BULK DELIVERY	1.00	368.00	368.00
666 CEMENT PUMP	1.00	1085.00	1085.00
666 EQUIPMENT MILEAGE (ONE WAY)	30.00	4.20	126.00
666 CASING FOOTAGE	933.00	.00	.00

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 Parts: 1939.08 Freight: .00 Tax: 143.01 AR 3841.09
 Labor: .00 Misc: .00 Total: 3841.09
 Sublt: .00 Supplies: .00 Change: .00
 =====

Signed _____ Date _____

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 316/322-7022 EUREKA, KS 620/583-7664 PONCA CITY, OK 580/762-2303 OAKLEY, KS 785/672-8822 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914 CUSHING, OK 918/225-2650



CONSOLIDATED
Oil Well Services, LLC

264507

TICKET NUMBER 44892
LOCATION Ohawa, KS
FOREMAN Casey Kennedy

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
12/2/13	3392	E. Gordon # 13	Nw 27	14	22	JO
CUSTOMER D# 7 Exploration			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 901 N. Elm St			729	Casey	V. Safety Meeting	
CITY St Elmo			166	Keitar	✓	
STATE IL			510	Set Tue	✓	
ZIP CODE 62458			369	Jas Ric	✓	

JOB TYPE longstring HOLE SIZE 5 7/8" HOLE DEPTH 970' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 933' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 5.40 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 200 # Premium Gel followed by 10 bbls fresh water, mixed & pumped 125 sks 50/50 Pozmix cement w/ 2% gel, 5% salt, + 5 # Kalseal per sk, cement to surface, flushed pump down, pumped 2 1/2" rubber plug to casing TD w/ 5.40 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

Handwritten signature

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00
5400	30 mi	MILEAGE		126.00
5402	933'	casing footage		
5407	minimum	ton mileage		368.00
5502C	2 hrs	80 Vac		180.00
1124	125 sks	50/50 Pozmix cement		1437.50
1118B	410 #	Premium Gel		90.20
1111	242 #	Salt		94.38
1110A	625 #	Kalseal		287.50
21402	1	2 1/2" rubber plug		29.50
			7.375%	SALES TAX 143.01
				ESTIMATED TOTAL 3841.09

completed

Ravin 3737

AUTHORIZATION *Handwritten 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 form.