



CONSOLIDATED
Oil Well Services, LLC

263909

TICKET NUMBER 44771
LOCATION Atoka, KS
FOREMAN Casey Kennedy

PO Box 884, Chanute, KS 66720
820-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/11/13	7752	Dice # D-15	N 7 E 20	20 E	18	AL
CUSTOMER SC7 Resources			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 8614 Cedarspur Dr			481	CaseKen	✓ Safety	Handling
CITY STATE ZIP CODE Houston TX 77055			6060	GarMas	✓	
			558	Mat Coc	✓	
			369	DerMas	✓	

JOB TYPE Logging HOLE SIZE 6" HOLE DEPTH 550' CASING SIZE & WEIGHT 2 7/8" OUE
CASING DEPTH 865' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT 5.01 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 142# 5950 Pozmix cement w/ 2% gel per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 5.01 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
5406	on lease	MILEAGE		—
5402	865'	casing footage		—
5407A	366.36	tax mileage		516.57
5502C	2 hrs	SD Vac		180.00
1124	142 sks	5950 Pozmix cement		1633.00
1118B	439 #	Premium Gel		96.58
4402	1	2 1/2" rubber plug		27.50
			7.4	SALES TAX
				ESTIMATED
				TOTAL
				130.17
				3670.82

Ravin 3737

AUTHORIZATION Russell 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.