



CONSOLIDATED
Oil Well Services, LLC

264058

TICKET NUMBER 44848

LOCATION Ottawa KS

FOREMAN Fred 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 |
|------------------------------------|------------|--------------------|----------|----------|---------|--------|
| 4-15-13 | 8520 | Campbell # 9-10 | SE 33 | 26 | 22 | AL |
| CUSTOMER Verde Oil | | | | | | |
| MAILING ADDRESS 3345 Arizona Rd | | | | | | |
| CITY Savonburg | | STATE KS | ZIP CODE | | | |
| | | | TRUCK # | DRIVER | TRUCK # | DRIVER |
| | | | 212 | Fie Mad | | |
| | | | 495 | Har Boc | | |
| | | | 675 | Kid Det | | |
| | | | 510 | Set Tuc | | |

JOB TYPE long string HOLE SIZE 5 1/8 HOLE DEPTH 911 CASING SIZE & WEIGHT 2 1/8 EUE
 CASING DEPTH 902 DRILL PIPE Baffle in TUBING @ 892 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 10' + Plug
 DISPLACEMENT 5.19 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold crew safety meeting. Establish pump rate. Mix + Pump 100# Gel Flush. Mix + Pump 122 sks 50/50 Por Mix Cement 270 Gel 5% Salt 5# Kol Seal/sk. Cement to surface. Flush pump + lines clean. Displace Customers 2 1/2" hatch down plug to baffle incasing. Pressure to 800# PSI. Release pressure to set float valve. Shut in casing

Evans Energy Dev. Inc.

Fred Mader

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--------------|-------------------|------------------------------------|------------|--------------------|
| 5401 | 1 | PUMP CHARGE | 495 | 1085 ⁰⁰ |
| 5406 | 70mi | MILEAGE | 495 | 294 ⁰⁰ |
| 5402 | 902 | Casing footage | | N/C |
| 5407 | 397.11 | Ton Miles | 510 | 559 ⁹³ |
| 5502C | 3 hrs | 80 BBL Vac Truck | 675 | 270 ⁰⁰ |
| 1124 | 122 sks | 50/50 Por Mix Cement | | 1403 ⁰⁰ |
| 1118B | 305# | Premium Gel | | 67 ⁹⁰ |
| 1118 | 236# | Granulated Salt | | 92 ⁰⁴ |
| 1110A | 610# | Kol Seal | | 250 ⁶⁰ |
| | | | 7.4% | SALES TAX |
| | | | | ESTIMATED TOTAL |
| | | | | 136 ³⁶ |
| | | | | 4188 ⁰³ |

completed

Ravin 3737

AUTHORIZATION *[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.