



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 43599 X

LOCATION 180

FOREMAN LARRY STAMM

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT API-15-169-20246-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-22-13	7922	Beckel B 2	8	16	1 W	SALINE
CUSTOMER <u>Scotts Prod. LLC</u>			TRUCK #			
MAILING ADDRESS <u>P.O. Box 136</u>			DRIVER			
CITY <u>Roxbury</u>			TRUCK #			
STATE <u>Ks</u>			DRIVER			
ZIP CODE <u>67476</u>			TRUCK #			
			DRIVER			

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 216 CASING SIZE & WEIGHT 8 3/8
 CASING DEPTH 214 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15.0 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 25 ft
 DISPLACEMENT 13.37 DISPLACEMENT PSI 150 MIX PSI 0 RATE 5 bbl/s
 REMARKS: Broke Circulation - Moved 120 sks A + 3% CACH 2 + 2% Gel + 14 lb Poly - Displaced 12 bbls Circulated Cement to Surface.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	870.00	870.00
5406	30	MILEAGE	4.20	126.00
11043	120 sks A		15.70	1884.00
1102	320 lbs CACH		.78	249.60
1118B	250 lbs Gel		.22	55.00
1107	50 lbs Poly Flake		2.47	123.50
5407A	85	Bulk DePorely x 5.65 x	1.41	677.15
		Subtotal		3985.25
		SALES TAX		165.32
		ESTIMATED TOTAL		4150.57

Ravin 3737

061045

AUTHORIZATION Calton 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.