



**CONSOLIDATED**  
Oil Well Services, LLC

**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 # 265730

Invoice Date: 01/31/2014 Terms: 0/0/30,n/30

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

DONOVAN I-13  
44997  
NE 28-14-22  
01-29-2014  
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	132.00	11.5000	1518.00
1118B	PREMIUM GEL / BENTONITE	422.00	.2200	92.84
1111	SODIUM CHLORIDE (GRANULA	255.00	.3900	99.45
1110A	KOL SEAL (50# BAG)	660.00	.4600	303.60
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50
	<b>Description</b>	<b>Hours</b>	<b>Unit Price</b>	<b>Total</b>
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	930.00	.00	.00

=====  
Parts: 2043.39 Freight: .00 Tax: 150.70 AR 3953.09  
Labor: .00 Misc: .00 Total: 3953.09  
Sublt: .00 Supplies: .00 Change: .00  
=====

Signed \_\_\_\_\_ Date \_\_\_\_\_



**CONSOLIDATED**  
Oil Well Services, LLC

265730

TICKET NUMBER 44997

LOCATION Offawa, KS

FOREMAN Cathy 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
1/29/14	3392	Douvan # I-13	NE 28	14	22	JO
CUSTOMER <u>Dt 7 Exploration</u>						
MAILING ADDRESS <u>901 N Elm St</u>						
CITY <u>St Elmo</u>	STATE <u>IL</u>	ZIP CODE <u>62458</u>				
			TRUCK #	DRIVER	TRUCK #	DRIVER
			729	Caskey	✓ Safety Meeting	
			6206	Garmon	✓	
			510	Setloc	✓	
			369	JasRie	✓	

JOB TYPE Longstring HOLE SIZE 5 5/8" HOLE DEPTH 960' CASING SIZE & WEIGHT 2 7/8" EUE  
 CASING DEPTH 930' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT 5.38 bbls DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 200# Premium Gel followed by 10 bbls fresh water, mixed & pumped 132 sks 50/50 Pozmix cement w/ 2% gel, 5% salt, & 5# Kolseal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 5.38 bbls fresh water, pressured to 800 PSI, well held pressure for 30 min MIT, 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	30 mi	MILEAGE		126.00 ✓
5402	930'	casing footage		_____ ✓
5404	minimum	ton mileage		368.00 ✓
5502C	2 hrs	80 Vac		180.00 ✓
1124	132 sks	50/50 Pozmix cement		1518.00 ✓
1118B	422 #	Premium Gel		92.84 ✓
1111	255 #	Salt		99.45 ✓
1110A	6660 #	Kolseal		303.60 ✓
4402	1	2 1/2" rubber plug		29.50 ✓
			<input checked="" type="checkbox"/>	<b>completed</b>
			7.375%	SALES TAX 150.70 ✓
				ESTIMATED TOTAL 3953.09 ✓

Revin 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.