



265456

TICKET NUMBER 45199
 LOCATION Eureka
 FOREMAN Stevenson

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

FIELD TICKET & TREATMENT REPORT

CEMENT APT 15-111-20481

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-19-14	69960	Kerr # 9-12	9	165	10E	Lyon
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Running Foxes Petroleum Inc			485	Alan		
MAILING ADDRESS			513	Merle		
6835 S. Havana St. Ste 400			611	Joey		
CITY	STATE	ZIP CODE				
Centennial	CO	80112				

JOB TYPE 4/5 HOLE SIZE 7 7/8 HOLE DEPTH 3328' CASING SIZE & WEIGHT 5 1/2 27.5*
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 12.5 gals/ft SLURRY VOL _____ WATER gal/ft _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 76 bbls DISPLACEMENT PSI 800* MIX PSI 1200* RATE _____

REMARKS: Safety Meeting Rig up to 5 1/2 casing. Drop Brass ball set packer shoe 900'
Pump 10 bbls water ahead 10 bbls SP400 mud flush & 10 bbl water spacer. Mix 190 sks 60/40
Poz mix cement w/ 4% Gel + 1/2" phenoseal Tail in w/ 70 sks Thick set cement. Wash
out pump lines shut down Release Plug. Displace w/ 76 bbls Fresh water. Final pump tag
Pressure 800* Pump Plug 1200*. Wait 2 min Release Pressure Plug held. Good Circulation
During Job Job Complete Rig down

Thank you

Centralizer #1-12 Basket on 4-10

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00 ✓
5406	70	MILEAGE	4.20	294.00 ✓
1131	190 sks	60/40 Poz mix cement	13.18	2504.20 ✓
1118B	655*	Gel 4%	.22	144.10 ✓
1107A	95*	Phenoseal 1/2" per/sk	1.35	128.25 ✓
1126A	70 sks	Thickset cement	20.16	1411.20 ✓
1110A	350*	Kal Seal 5" per/sk	.46	161.00 ✓
1107A	35*	Phenoseal 1/2" per/sk	1.35	47.25 ✓
1144	2 1/2 gallons	SP-402 mud cleaner agent (DV1150)	44.10	110.25 ✓
5407	12.02 ton	Ton mileage Bulk Truck 515-667*	N/C	736.00 ✓
4253	1	Type A Packer Shoe	1663.00	1663.00 ✓
4104	2	5 1/2 Cement Basket	240.00	480.00 ✓
4120	12	5 1/2 Centralizer	50.50	606.00 ✓
4406	1	5 1/2 Rubber Plug	73.50	73.50 ✓
4306	1	Thread Locks Kit	30.00	30.00 ✓
			Sub Total	9473.75 ✓
		7.15%	SALES TAX	526.15 ✓
			ESTIMATED TOTAL	9999.90 ✓

Flavin 8737

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