



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
~~PAID~~
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 # 267040

Invoice Date: 03/31/2014 Terms: 0/30/10,n/30

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D.E. EXPLORATION
DOUG EVANS
P.O. BOX 128
WELLSVILLE KS 66092
(785) 883-4057

FREEMAN A RI-26
42754
NW 11-23-16
03-27-2014
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	35.00	11.5000	402.50
1118B	PREMIUM GEL / BENTONITE	59.00	.2200	12.98
1111	SODIUM CHLORIDE (GRANULA	74.00	.3900	28.86
1110A	KOL SEAL (50# BAG)	175.00	.4600	80.50

Sublet Performed	Description	Total
9996-120	CEMENT MATERIAL DISCOUNT	-157.45

Description	Hours	Unit Price	Total
370 80 BBL VACUUM TRUCK (CEMENT)	1.50	100.00	150.00
558 TON MILEAGE DELIVERY	1.00	114.74	114.74
666 CEMENT PUMP (SURFACE)	1.00	870.00	870.00
666 EQUIPMENT, MILEAGE (ONE WAY)	.00	4.20	.00
666 CASING FOOTAGE	40.00	.00	.00

Amount Due 1691.85 if paid after 04/10/2014

Parts:	524.84	Freight:	.00	Tax:	22.59	AR	1524.72
Labor:	.00	Misc:	.00	Total:	1524.72		
Sublt:	-157.45	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

PONCA CITY, OK
580/762-2303

OAKLEY, KS
785/672-8822

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914

CUSHING, OK
918/225-2650



CONSOLIDATED
Oil Well Services, LLC

267040

TICKET NUMBER 42754

LOCATION Ottawa, KS

FOREMAN Casey 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
3/27/14	235T	Freeman "A" RI-26	NW 11	23	10	CO

CUSTOMER <u>DE Exploration</u>		
MAILING ADDRESS <u>PO Box 128</u>		
CITY <u>Wellsville</u>	STATE <u>KS</u>	ZIP CODE <u>66092</u>

TRUCK #	DRIVER	TRUCK #	DRIVER
729	Casken	✓	Safety Meeting
666	Gar Moo	✓	
558	MalCee	✓	
370	Jas Ric	✓	

JOB TYPE <u>surface</u>	HOLE SIZE <u>12 1/4"</u>	HOLE DEPTH <u>40'</u>	CASING SIZE & WEIGHT <u>4 1/2" 20 lb 7"</u>
CASING DEPTH <u>40'</u>	DRILL PIPE _____	TUBING _____	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING <u>4'</u>
DISPLACEMENT <u>1.5 bbls</u>	DISPLACEMENT PSI _____	MIX PSI _____	RATE <u>5 bpm</u>

REMARKS: held safety meeting, established circulation, mixed & pumped 35 sks 50/50 Pozmix cement w/ 2% gel, 5% salt & 5 # Kalsol per sk, cement to surface, displaced cement w/ 1.5 bbls tech water, @ shut in casing.

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ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401 S	1	PUMP CHARGE		870.00 ✓
5506	on lease	MILEAGE		✓
5402	40'	casing footage		✓
5407A	81.375	ton mileage		114.74 ✓
5502C	1.5 hrs	80 Vac		150.00 ✓
1124	35 sks	50/50 Pozmix cement	402.50 ✓	
1118B	59 #	Premium Gel	12.98 ✓	
1111	74 #	Salt	28.86 ✓	
1110A	175 #	Kalsol	80.50 ✓	
		materials	524.84 ✓	
		- 30%	157.45 ✓	
		subtotal		367.39
		<input checked="" type="checkbox"/> completed	1691.85	
		6.15%	SALES TAX	22.59 ✓
			ESTIMATED TOTAL	1524.72 ✓

Ravin 3737

AUTHORIZATION No Co. Rep. on location 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



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D.E. EXPLORATION
DOUG EVANS
P.O. BOX 128
WELLSVILLE KS 66092
(785) 883-4057

FREEMAN A RI-26
42758
NW 11-23-16
03-31-2014
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	160.00	11.5000	1840.00
1118B	PREMIUM GEL / BENTONITE	469.00	.2200	103.18
1111	SODIUM CHLORIDE (GRANULA	336.00	.3900	131.04
1110A	KOL SEAL (50# BAG)	800.00	.4600	368.00
4402	2 1/2" RUBBER PLUG	1.00	29.5000	29.50
Sublet Performed				Total
9996-120	CEMENT MATERIAL DISCOUNT			-732.67
	Description	Hours	Unit Price	Total
370	80 BBL VACUUM TRUCK (CEMENT)	1.50	100.00	150.00
510	TON MILEAGE DELIVERY	372.00	1.41	524.52
666	CEMENT PUMP	1.00	1085.00	1085.00
666	EQUIPMENT MILEAGE (ONE WAY)	.00	4.20	.00
666	CASING FOOTAGE	1050.00	.00	.00

Amount Due 4383.25 if paid after 04/10/2014

Parts:	2471.72	Freight:	.00	Tax:	106.95	AR	3605.52
Labor:	.00	Misc:	.00	Total:	3605.52		
Sublt:	-732.67	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

267043

TICKET NUMBER 42758

LOCATION Attawa, KS

FOREMAN Cassey Kennedy

F O 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
3/31/14	2355	Freeman A #RI-26	NW11	23	16	CO
CUSTOMER DE Exploration						
MAILING ADDRESS PO Box 128			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Wellsville			729	Cosken	✓ Safety Meeting	
STATE KS			666	Gar Moo	✓	
ZIP CODE 66092			30	Setloc	✓	
			370	Jas Ric	✓	

JOB TYPE long string HOLE SIZE 5 7/8" HOLE DEPTH 1057' CASING SIZE & WEIGHT 2 7/8" EVE
 CASING DEPTH 1050' DRILL PIPE _____ TUBING baffle - 1020' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 30'
 DISPLACEMENT 5.90 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 160 sls 5%so Pozmix cement w/ 2% gel, 5% salt, + 5 # Kalseal per sl, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 5.90 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

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ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00 ✓
5406	on lease	MILEAGE		— ✓
5402	1050'	casing footage		— ✓
5407A	370	term mileage		524.52 ✓
5502C	1.5 hrs	80 Vac		150.00 ✓
1124	1600 sls	5%so Pozmix cement	1840.00 ✓	2940.00
1118B	469 #	Premium Gel	103.18 ✓	
1111	336 #	Salt	131.04 ✓	
1110A	800 #	Kalseal	368.00 ✓	
		materials	2442.22 ✓	
		- 30%	732.67 ✓	
		subtotal		1709.55 ✓
4402	1	2 1/2" rubber plug		29.50 ✓
				4383.25 ✓
			6.15%	SALES TAX
				ESTIMATED TOTAL
				106.95 ✓
				3605.52 ✓

Completed

Ravin 3737 AUTHORIZATION No Co-Rep. on location 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.