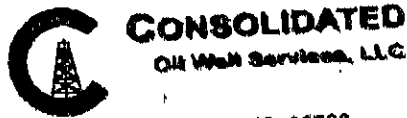


TICKET NUMBER 47070
LOCATION Atgusa
FOREMAN Alan Maden



267497

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
4-16-14	7823	Lowe # F-7	SW 18	17	25	M.

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Town O.I.	730	Alan Maden	Safety	Meat
	495	Harold		
	558	noted		

MAILING ADDRESS: 11225 287 ST, Paola, KS 66701

JOB TYPE: ton grouting HOLE SIZE: 5 5/8 HOLE DEPTH: 500 CASING SIZE & WEIGHT: 2 1/8

CASING DEPTH: 476 DRILL PIPE: _____ TUBING: _____ OTHER: _____

SLURRY WEIGHT: _____ SLURRY VOL: _____ WATER gal/sk: _____ CEMENT LEFT in CASING: _____

DISPLACEMENT: 2.76 DISPLACEMENT PSI: _____ MIX PSI: _____ RATE: _____

REMARKS: held needles. Established rate down casing. Mixed and pumped 100# gel followed by 70 sk 50/50 cement plus 2% gel. Circulated cement. Flushed pump pumped plug to casing TD. Well held 800 PSI for 30 minutes. M.T. Set Place.

IOB, Chad
Town Oil water

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5421		PUMP CHARGE	495	1085.00
5426	40	MILEAGE	495	168.00
5422	476'	Casings footage	495	
5427	mi	ton miles	558	368.00
1124	70	50/50 cement	806.00	
1188	218#	gel	47.97	
		Material sub	852.96	
		Less 30% -255.89		
		Material total		597.07
11402		2 1/2 plug		27.50
			250.97	
		<input checked="" type="checkbox"/> completed		
		SALES TAX ESTIMATED TOTAL		47.93
				2295.50

Revin 9737

AUTHORIZATION Luther Town

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