



CONSOLIDATED
Oil Well Services, LLC

267044

TICKET NUMBER 42788

LOCATION Ottawa KS

FOREMAN Fred Mader

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 |
|---------|------------|--------------------|---------|----------|-------|--------|
| 3-28-14 | 4015 | Bristow # P. 24 | NE 28 | 17 | 22 | MI |

CUSTOMER JTC Oil Inc
MAILING ADDRESS 35658 Plum Creek Rd
CITY Osawatomie STATE KS ZIP CODE 66064

| TRUCK # | DRIVER | TRUCK # | DRIVER |
|---------|----------|---------|--------|
| 712 | Fred Mad | | |
| 495 | Har Bar | | |
| 675 | Kel Det | | |
| 548 | Mik Hag | | |

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 400' CASING SIZE & WEIGHT 2 7/8
CASING DEPTH 362 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
DISPLACEMENT 2.2288 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Hold safety meeting. Establish pump rate. Mix + Pump 100# Gel Flush. Mix + Pump 1 sks OWC Cement 1/4" Flo Seal/sk. Cement to surface. Flush pump + lines clean. Displace 2 1/2" rubber plug to casing TD. Pressure to 800# PSI. Release pressure to set float valve. Shut in casing.

JTC Drilling

Fred Mader

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--------------|-------------------|------------------------------------|--------------------|------------------------------------|
| 5401 | 1 | PUMP CHARGE | 495 | 10.85 ⁰⁰ |
| 5406 | 25mi | MILEAGE | 495 | 105 ⁰⁰ |
| 5402 | 362 | Casing footage | | NK |
| 5407 | 1/3 minimum | Ton Miles | | 122 ⁶⁷ |
| 55020 | 1 1/2 hr | 80 BBL Vac Truck | | 150 ⁰⁰ |
| 1126 | 52 SKS | OWC Cement | 1027 ⁰⁰ | |
| 1118B | 100 # | Plaster Ad | 22 ⁰⁰ | |
| 1107 | 13 # | Flo Seal | 32 ¹¹ | |
| | | Material | 1081 ¹¹ | |
| | | Less 30% | 324 ³³ | |
| | | Total | | 756 ⁷⁸ |
| 4402 | 1 | 2 1/2" Rubber Plug | | 29 ⁵⁰ |
| | | | | 2658.25 |
| | | | 7.658 | SALES TAX 60 ¹⁶ |
| | | | | ESTIMATED TOTAL 2309 ¹¹ |

completed

Ravin 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 fo