



CONSOLIDATED
Oil Well Services, LLC

266786

TICKET NUMBER 42739
LOCATION ottawa
FOREMAN Alan Mader

PO Box 884, Chanute, KS 66720
620-431-9219 or 600-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|---------|------------|--------------------|---------|----------|-------|--------|
| 3-19-14 | 4448 | Kitchen KRFB | NE 13 | 18 | 21 | Mi |

CUSTOMER
Kansas Resources E+D
MAILING ADDRESS
9393 W 110th
CITY
Overland Park STATE
Ks ZIP CODE
66210

| TRUCK # | DRIVER | TRUCK # | DRIVER |
|---------|---------|---------|--------|
| 730 | Ala Mad | Safety | Meat |
| 368 | Al Mad | | |
| 675 | Kei Det | | |
| 548 | Mik Hog | | |

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 600 CASING SIZE & WEIGHT 2 7/8
CASING DEPTH 586.25 DRILL PIPE _____ TUBING _____ OTHER 555 bf
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
DISPLACEMENT 3.2 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held meeting. Established rate down casing.
Mixed & pumped 100# gel followed by 85 sk 50/50
cement plus 2% gel & 1/2# pheno seal per sack.
Circulated cement. Flushed pump. Pumped plug to
Daffle well held 800 PSI. Set frost.

Evans, Mitchell

Alan Mader

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--------------|-------------------|------------------------------------|------------|-----------|
| 5401 | 1 | PUMP CHARGE | 368 | 1085.00 ✓ |
| 5406 | — | MILEAGE | 368 | — |
| 5402 | 586.25 | Casing footage | 368 | — ✓ |
| 5407 | 1/2 min | ten miles | 548 | 184.00 ✓ |
| 55026 | 1 1/2 | 80 vac | 675 | 150.00 ✓ |
| 1124 | 85 | 50/50 cement | 977.50 | ✓ |
| 118B | 243 | gel | 53.46 | ✓ |
| 1107A | 43 | pheno seal | 58.05 | ✓ |
| | | material sub | 1089.0 | |
| | | less 30% - | 326.70 | |
| | | material total | | 762.31 |
| 4402 | 1 | 2 1/2 plug | | 29.50 ✓ |
| | | | 2537.51 | ✓ |
| | | | 7326.70 | 2210.81 |
| | | | | 66.58 ✓ |
| | | | | 2271.39 |

completed

Ravin 3737

no company rep
Jim DSD

AUTHORIZATION _____ 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.