



CONSOLIDATED
Oil Well Services, LLC

267393

TICKET NUMBER 47048

LOCATION Office

FOREMAN Alan Maden

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 |
|---------|------------|--------------------|---------|----------|-------|--------|
| 4-11-14 | 4448 | N. Kitchen KB-5 | NE 13 | 18 | 21 | M: |

| CUSTOMER | TRUCK # | DRIVER | TRUCK # | DRIVER |
|----------------------|---------|------------|---------|--------|
| Kansas Resources E+D | 730 | Alan Maden | Safety | Meert |
| | 368 | Art McEl | | |
| | 369 | DerMas | | |
| | 548 | Mikhaa | | |

| CUSTOMER MAILING ADDRESS | CITY | STATE | ZIP CODE |
|--------------------------|---------------|-------|----------|
| 9393 W 110 th | Overland Park | KS | 66210 |

JOB TYPE loss string HOLE SIZE 5 7/8 HOLE DEPTH 590 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 573.85 DRILL PIPE _____ TUBING _____ OTHER 541.95
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 3.15 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Hold meeting. Established rate. Mixed + pumped 100# gel followed by 79 sk 50/50 cement plus 200 gal 2 1/2 # phenol seal per sack Circulated cement. Flashed pump. Pumped plug to baffle. Well held 800 PST. Set float.

Alan, Waylon

Alan Maden

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--------------|-------------------|---|------------|-----------|
| 5401 | 1 | PUMP CHARGE | 368 | 1085.00 ✓ |
| 5406 | 10 | MILEAGE from kitchen | 368 | 4220 ✓ |
| 5402 | 573.85 | casing footage | 368 | ✓ |
| 5407 | 1/2 m.m | tan miles | 548 | 184.00 ✓ |
| 5502L | 1 1/2 | 80 vac | 369 | 152 ✓ |
| 1124 | 79 | 50/50 cement | 908.50 | ✓ |
| 1118B | 233 # | gel | 51.26 | ✓ |
| 1107A | 40 # | phenol seal | 54.00 | ✓ |
| | | Material sub | 1013.76 | |
| | | less 30% | -304.13 | ✓ |
| | | material total | | 709.63 |
| 4402 | 1 | 2 1/2 plug | | 29.50 ✓ |
| | | <input checked="" type="checkbox"/> completed | 2584.07 | ✓ |

Revin 3737

No company rep
Jim OK'd

AUTHORIZATION _____ TITLE _____ DATE _____

SALES TAX 56.54 ✓
ESTIMATED TOTAL 2256.67

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 f