



CONSOLIDATED
Oil Well Services, LLC

264675

TICKET NUMBER 45189

LOCATION Eureka, KS

FOREMAN David Gardner

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT

API # 15-207-28782

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-9-13	8520	Earl Davidson I-5	6	25	16E	Woodson
CUSTOMER			TRUCK #			
Verde Oil			DRIVER			
MAILING ADDRESS			TRUCK #			
3345 Arizona Rd.			DRIVER			
CITY		STATE	ZIP CODE			
Saranburg		KS	66772			
JOB TYPE <u>4/s</u> <u>0</u>			HOLE SIZE <u>5 7/8"</u>		HOLE DEPTH <u>1055'</u>	
CASING DEPTH <u>1049'</u>			DRILL PIPE		TUBING <u>2 7/8"</u>	
SLURRY WEIGHT <u>13.8#/gal</u>			SLURRY VOL <u>40 Bbl</u>		WATER gal/sk <u>6</u>	
DISPLACEMENT <u>6.1 Bbl</u>			DISPLACEMENT PSI <u>450</u>		CEMENT LEFT IN CASING <u>0</u>	
			Bump Plug <u>1050 PSI</u>		RATE <u>1 BPM</u>	

REMARKS: Safety Meeting. Rig up to 2 7/8" Tubing. Pump 5 Bbl Fresh water. Mix 200# Gel Flush. (Broke circulation 12 Bbl into). 5 Bbl water spacer. Mixed 160 sks 50/50 Pozmix Cement w/ 5# Kol-seal/sk, 2% Gel, 5% Salt, + 1/4# Phenoseal/sk @ 13.8#/gal. Shut down, washout pump & lines. Stuff Latch down plug (Provided by customer). Displace w/ 6.1 Bbl Fresh water. Final pumping pressure of 450 PSI. Bump Plug to 1050 PSI. Released pressure. Plug Held. Shut well in. Good circulation @ all times. 7 Bbl cement slurry to pit. Job complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	35	MILEAGE	4.20	147.00
1124	160 sks	50/50 Pozmix Cement w/No Additives	11.50	1840.00
1110A	800#	Kol-seal @ 5#/sk	.46	368.00
1118B	300#	Gel @ 2%	.22	66.00
1111	400#	Granulated Salt @ 5%	.39	156.00
1107A	40#	Phenoseal @ 1/4#/sk	1.35	54.00
5407	6.72 Tons	Ton Mileage Bulk Truck	M/c	368.00
1123	4620 Gals	City Water	17.30/1000	79.93
5501C	3 HRS.	Water Transport	120.00	360.00
1118B	200#	Gel Flush	.22	44.00
			Subtotal	45167.93
"Thank You"			7.15 %	SALES TAX 186.47
			ESTIMATED TOTAL	4754.40

SCANNED

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 form