



**CONSOLIDATED**  
Oil Well Services, LLC

**ENTERED**

TICKET NUMBER 29035  
LOCATION Eureka  
FOREMAN Troy Strickler

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												
8-13-10	1828	Gill 7-34				MC												
CUSTOMER <u>Colt Energy</u>			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>520</td> <td>Cliff</td> <td></td> <td></td> </tr> <tr> <td>543</td> <td>Allen &amp;</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	520	Cliff			543	Allen &		
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520	Cliff																	
543	Allen &																	
MAILING ADDRESS <u>A.O. Box 388</u>																		
CITY <u>Iola</u>	STATE <u>Ks</u>	ZIP CODE																

JOB TYPE L/S 0 HOLE SIZE 7 7/8 HOLE DEPTH 1065' CASING SIZE & WEIGHT 5 1/2"  
 CASING DEPTH 1009' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.4" SLURRY VOL \_\_\_\_\_ WATER gal/sk 8" CEMENT LEFT In CASING 3'  
 DISPLACEMENT 2486 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety Meeting: Rig upto 5 1/2" casing. Break circulation w/ 2586 water  
Mixed 8sk Gel-Flush, 586 water, 2086 Metasilicate Pre-Flush, 1486 Dye water. Mixed  
125sk Thick Set Cement w/ 8" Kol-Seal @ 13.4"/gal. Wash out Pump + lines.  
Release Plug: Displace w/ 2486 water. Final Pump Pressure PSI. Bsp Fly  
to PSI. Wait 2min. Release Pressure. Float Held. Good Cement to  
surface = 86 slurry to pit.  
Job Complete

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	925.00	925.00
5406	40	MILEAGE	3.65	146.00
1126A	125 skt	Thick Set Cement	17.00	2125.00
1110A	1000"	8" Kol-Seal Pipe	.42	420.00
1111A	100"	Metasilicate Pre-Flush	1.80"	180.00
1102	80"	Cacl <sub>2</sub>	.75"	60.00
1118A	400"	Gel-Flush	.20	80.00
5407A	6.88 Ton	Ton-mileage	1.20	330.24
4406	1	5 1/2" Top Rubber Plug	61.00	61.00
			Sub Total	4327.24
			SALES TAX	84.34
			ESTIMATED TOTAL	4511.58

Ravin 8737

235890

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.