



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 28935

LOCATION EUREKA

FOREMAN Rick Ledford

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												
7-28-10	3451	Bahr 19-LH	23	23	13E	Woodson												
CUSTOMER <u>Haas Petroleum, LLC</u>			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>485</td> <td>Alan</td> <td></td> <td></td> </tr> <tr> <td>479</td> <td>Allen B.</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	485	Alan			479	Allen B.		
TRUCK #	DRIVER	TRUCK #					DRIVER											
485	Alan																	
479	Allen B.																	
MAILING ADDRESS <u>800 West 47th Ste 409</u>																		
CITY <u>Kansas City</u>	STATE <u>Mo.</u>	ZIP CODE <u>64112</u>																

JOB TYPE Surface "0" HOLE SIZE 12 1/4" HOLE DEPTH 151' CASING SIZE & WEIGHT 8 5/8"
 CASING DEPTH 150' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15" SLURRY VOL _____ WATER gal/sk 6.5 CEMENT LEFT in CASING 20'
 DISPLACEMENT 8 1/4 Bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting. Rig up to 8 5/8" casing. Break circulation w/ 10 Bbl fresh water. Mixed 85 ses class "A" cement w/ 370 cacc2, 270 gal @ 15"/90l Displace w/ 8 1/4 Bbl fresh water. shut casing in w/ good cement returns to surface. Job complete. Rig down.

"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	725.00	725.00
5406	30	MILEAGE	3.65	109.50
11045	85 ses	class "A" cement	13.50	1147.50
1102	240*	370 cacc2	.75	180.00
11885	160*	270 gal	.20	32.00
5407	4	tan mileage back tire	m/c	315.00
			subtotal	2509.00
			SALES TAX	99.25
			ESTIMATED TOTAL	2608.25

Ravin 3737

235558

AUTHORIZATION Witnessed by Ben

TITLE Toolpusher / SKY OELC

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.



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 29031

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
8-10-10	3451	Rabr 19-LH				W0
CUSTOMER Haas Oil						
MAILING ADDRESS 800 West 47th Ste 401			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Kansas City			520	Cliff		
STATE Mo			479	John		
ZIP CODE 64112						

JOB TYPE Plug Back + L/S HOLE SIZE 7 7/8" HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2" 17"
 CASING DEPTH 2255' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.4" SLURRY VOL 27 Bbl WATER gal/sk 8" CEMENT LEFT in CASING 0'
 DISPLACEMENT 52.5 DISPLACEMENT PSI 500 MIX PSI 1000 6p Ply RATE _____

REMARKS: Safety meeting: Drill Pipe set @ 2422'. Spot 20sk Plug. Pull 7 Jts. Circulate 30mins.
Run casing to 2255'. Set Basket shoe @ 1300 PSI. Pump 10 Bbl Caustic Soda Pre-Flush.
Mixed 90sk Thick Set Cement w/ 5# Kal-Seal @ 13.4 gal. Wash out pump + lines.
Release Plug. Displace w/ 52.5 Bbl Water. Final Pump Pressure 500 PSI. Pump Plug
to 1000 PSI. wait 2mins. Release Pressure. Float Hold. Good Circulation @
all Times

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
1104S	20skt	Class A Cement → Plug Back	13.50	270.00
1102	40#	22 Cack → Cement.	.75	30.00
1107A	40#	Phonoseal 1/2"/sk	1.15	46.00
1126A	90skt	Thickset Cement → L/S Cement	17.00	1530.00
1110A	450#	5# Kal-Seal P/sk	.42	189.00
1103	50#	Caustic Soda Pre-Flush	1.45	72.50
5407	6.05	Ton-mileage	m/c	315.00
4255	1	5 1/2" Type B Basket shoe	1200.00	1200.00
4130	4	5 1/2" Centralizers. (used 3 of Benc) total 7	46.00	184.00
4104	1	5 1/2" Cement Basket	219.00	219.00
4406	1	5 1/2" Top Rubber Plug	61.00	61.00
		Thank You!	Sub Total	5187.50
			SALES TAX	211.51
			ESTIMATED TOTAL	5465.01

Revin 3737

235800

AUTHORIZATION witnessed by Ben

TITLE Skyy Drp

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.