

HAT DRILLING
12371 KS HWY 7
MOUND CITY, KS 66056
LICENSE # 33734

Hadl #13
API # 15-045-22051-00-00
SPUD DATE 12-20-13

Footage	Formation	Thickness	Set 44' of 7"
2	Topsoil	2	TD 860'
8	clay	6	Ran 852' of 2 7/8 on 12-21-13
17	sand stone	9	
46	shale	29	
48	lime	2	
152	shale	104	
176	lime	24	
182	shale	6	
221	lime	39	
255	shale	34	
304	lime	49	
336	shale	32	
353	lime	17	
369	shale	16	
383	lime	14	
397	shale	14	
449	lime	52	
459	shale	10	
481	lime	22	
485	shale	4	
498	lime	13	
668	shale	170	
674	lime	6	
763	shale	89	
764	sandy/shale	1	good odor, little show
774	oil sand	10	great odor, great bleed
860	shale	86	



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 44971

LOCATION 07949

FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12.21.13		Hadi # 13	NW 36	13	20	DB
CUSTOMER Magnum Exploration LLC			TRUCK #			
MAILING ADDRESS 2712 Willow Creek CT			DRIVER			
CITY Bedford		STATE TX	ZIP CODE 76021	TRUCK #		
				DRIVER		

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 860 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 852 DRILL PIPE _____ TUBING _____ OTHER 800 baffle
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 4314 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held meeting. Established rate down casing. Mixed & pumped 100# gel followed by 145 sk 50/50 cement plus 2% gel, 2% calcium, 1/4# flo seal per sack. Circulated cement. Flushed pump. Pumped plus to baffle. Well held 800 PSI. Set float closed valve.

HAT Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085 ⁰⁰
5406	30	MILEAGE	368	126 ⁰⁰
5402	852'	casing footage	368	—
5407	min	hour miles	503	368 ⁰⁰
5502L	3 1/2	80 vac	675	315 ⁰⁰
1124	145	50/50 cement		1667 ⁵⁰
118B	344 #	gel		75 ⁶⁸
1102	244 #	calcium		190 ²⁷
1107	37 #	flo seal		91 ⁵⁹
4402	1	2 1/2 plug		29 ⁵⁰
SCANNED				
			SALES TAX	146.89
			ESTIMATED TOTAL	4095 ²⁸

Flavin 3737 AUTHORIZATION [Signature] TITLE Eng 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