CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 32689
LOCATION Ottawa
FOREMAN Alan Mader

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
7-21-11	5209	Frear 5	NE 17	21	22	Jn

CUSTOMER: MAE Resources
MAILING ADDRESS: P.O. Box 304
CITY: Parker | STATE: KS | ZIP CODE: 66072

TRUCK #	DRIVER	TRUCK #	DRIVER
516	Alan M	Safety	Meet
368	Tim L.	TL	
370	Arlan M.	ARM	
558	Derek M	DM	

JOB TYPE long string HOLE SIZE 5 3/8 HOLE DEPTH 514 CASING SIZE & WEIGHT 2 7/8
CASING DEPTH 510 DRILL PIPE ____ TUBING ____ OTHER ____
SLURRY WEIGHT ____ SLURRY VOL ____ WATER gal/sk ____ CEMENT LEFT in CASING yes
DISPLACEMENT ____ DISPLACEMENT PSI ____ MIX PSI ____ RATE 5 bpm

REMARKS: Held crew meeting. Estab lished rate. Mixed & pumped 100# gel to flush hole followed by 45 sk OWC cement. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float. Closed valve.

Hat Drilling

Alan Mader

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975.00
5406	—	MILEAGE		—
5402	510	casing footage		—
5407	min	ton miles		330.00
5502C	1 1/2	80 vac		135.00
1126	45 sk	OWC		805.50
~~1118B~~	~~100~~	~~gel~~		~~20.00~~
1143	1/2 gal	ESA 41		20.20
4402	1	2 1/2 plug		28.00
		WO # 242924		
		Co. 3	SALES TAX	53.78
			ESTIMATED TOTAL	2347.48

Ravin 3737

AUTHORIZTION Brad Cook 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.