



CONSOLIDATED
Oil Well Services, LLC

268386

TICKET NUMBER 47248

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
5-20-14	4448	Joedel KR I-25	SW 13	17	22	Mi

CUSTOMER
Kansas Resources EtD

MAILING ADDRESS
9393 W 110th

CITY
Overland Park STATE KS ZIP CODE 66210

TRUCK #	DRIVER	TRUCK #	DRIVER
730	Ala Mad Safety Meet		
368	Art McD		
369	Mik Hag		
548	Har Bec		

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 800 CASING SIZE & WEIGHT 2 7/8

CASING DEPTH 793.3 DRILL PIPE _____ TUBING _____ OTHER 760.20. BF

SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes

DISPLACEMENT 4.42 DISPLACEMENT PSI 800 MIX PSI 200 RATE 46ppm

REMARKS: Held meeting. Established rate. Mixed & pumped 100# gel followed by 100 sk 50/50 cement plus 2% gel & 1/2 # phen seal per sack. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSL. Set float.

Evans, Mitchell

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00
5406	5	MILEAGE from Harbison	368	21.00
5402	793.3	casing footage	368	184.00
5407	1/2 min	ton miles	548	150.00
5502L	1 1/2	80 vac	369	1124
	100	50/50 cement	1150.00	
1118B	268 #	gel	58.96	
1107A	50 #	Pheno seal	67.50	
		Material sub	1276.46	
		less 30% -	382.94	
		Material total	893.52	
11402	1	2 1/2 plug		29.50

completed

2845.87

SALES TAX

70.62

ESTIMATED TOTAL

2433.64

Rev 3737

NO COMPANY REP

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