



CONSOLIDATED
ON Well Services, LLC

269047

TICKET NUMBER 46998
LOCATION Oakley, KS
FOREMAN Dane Retzlaff

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

FIELD TICKET & TREATMENT REPORT
CEMENT

K5

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-23-14	5661	KGB 1-21	2	11	44	Logan
CUSTOMER			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
			DRIVER			

JOB TYPE 2-stage HOLE SIZE 7 7/8 HOLE DEPTH 4800 CASING SIZE & WEIGHT 5.50 18.50 LBS
CASING DEPTH 4766 DRILL PIPE 4.5 TUBING N/A OTHER DV Tool at 2431
SLURRY WEIGHT 14.2/12.5 SLURRY VOL 1.56/1.76 WATER gal/sk 6.97/9.28 CEMENT LEFT in CASING 15.07
DISPLACEMENT 113.07/57.85 DISPLACEMENT PSI 200psi MIX PSI 200psi RATE mix Rate 5.88ls Displace Rate 6.88ls

REMARKS: Safety meeting. Rig up. Run float equipment. Cents on 1, 2, 3, 6, 9, 13, 15, 18, 53, 52
Basket on 54 half way down from DV Tool. Run casing to bottom. Circulate on bottom 1 hr.
Pump 5 BBLs of water ahead mix mudflush. Pump 5 BBLs behind mudflush circulated
out of hole. Lay down two joints. Casing split on second joint. Replace casing. Circulate
on bottom 1 hr. Pump 8 BBLs ahead mix mudflush 5 BBLs behind mix 200 SKs of OWC
5# Kol Seal. (35.56 slurry BBLs). Wash pump + lines. Displace 60 BBLs of water and 54 BBLs
of mud. Final lift 1000 psi. Plug landed at 1500 psi. Wait 3 hrs. Plug MH + RH. mix
400 SKs of 60/40 890 Bentonite 1/4" Flo Seal. (125.28 slurry BBLs) wash up pump + lines. Displace
59 BBLs of water. Final lift 1000 psi. Plug landed at 1500 psi. Wash up and Rig down.
Thanks Dane + crew!

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401C	1	PUMP CHARGE	3175.00	3175.00
5406	65	MILEAGE	5.25	341.25
5407A	28.75	Ton Mileage Delivery	1.25	3270.31
1126	200 SKs	Disc Cement	23.70	4740.00
1131	450 SKs	60/40 Poz mix	15.96	7137.00
1110A	1000	Kol Seal	.56	560.00
1107	112	Flo Seal	297	332.64
1118B	3096	Bentonite	.27	835.92
1144G	1000 gal	mudflush	1.00	1000.00
4159	1	5 1/2 AFU Float shoe	433.75	433.75
4130	10	5 1/2 Centralizers	61.00	610.00
4164	1	5 1/2 Basket	490.00	490.00
4454	1	5 1/2 Latchdown Plug Assembly	567.00	567.00
4277A	1	5 1/2 DV Tool	4900.00	4900.00
			346	28192.87
			10%	2819.29
			Total	25373.58
			SALES TAX	1473.84
			ESTIMATED TOTAL	26847.42

completed

Ravin 3737

AUTHORIZATION [Signature] TITLE Production Mgr. 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

268882

TICKET NUMBER 46928
LOCATION Oakland, KS
FOREMAN Miles Shaw

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

FIELD TICKET & TREATMENT REPORT
CEMENT

US

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-13-14	5661	KGR #1-21	21	19S	34W	Losen
CUSTOMER <u>New Gulf Operating</u>			Mentimeter San 350 to Inducine SW U.S.			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			STATE	ZIP CODE		
			399	Michael R		
			397	Rob S		

JOB TYPE Surface HOLE SIZE 12 1/4" HOLE DEPTH 254' CASING SIZE & WEIGHT 8 5/8" 24#
 CASING DEPTH 258 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8 SLURRY VOL 1.36 WATER gal/sk _____ CEMENT LEFT in CASING 20'
 DISPLACEMENT 1566k DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting and rig up on Val Drilling Rig #4 circulate casing
mix 200 sls class A cement with 3% calcium 2% gel dis placed 1566k
shut in cement did circulate 1 bbl top pit

Thanks Miles Shaw

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S	1	PUMP CHARGE	1150.00	1150.00
5406	35	MILEAGE	5.25	183.75
5407A	9.4 TONS	Ten Mitraspedaluron	1.75	575.75
1102	5661 #	Calcium Chloride	.94	530.16
1104S	200 sls	Class A cement	18.55	3710.00
1118B	376 #	Bentonite gel	.27	101.52
			Subtotal	6251.18
			less 10% disc count	625.12
			Subtotal	5626.06
			SALES TAX	298.94
			ESTIMATED TOTAL	5925.00

completed

Ravin 3737

AUTHORIZATION [Signature] 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.