



CONSOLIDATED
Oil Well Services, LLC

269175

TICKET NUMBER 47353

LOCATION Osawa, KS

FOREMAN Casey Kennedy

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
6/26/14	1476	Jones Player # Fontus 3	NE 13	17	21	M1

CUSTOMER
Butler Petroleum

MAILING ADDRESS
PO Box 1385

CITY
Van Aikyne

STATE
TX

ZIP CODE
75495

TRUCK #	DRIVER	TRUCK #	DRIVER
729	Carsten	✓	Safety Meeting
666	Kei Car	✓	
503	Trotter	✓	
370	Bretman	✓	

JOB TYPE long string HOLE SIZE 6 3/4" HOLE DEPTH 685' CASING SIZE & WEIGHT 4 1/2"

CASING DEPTH 676' DRILL PIPE _____ TUBING _____ OTHER _____

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

DISPLACEMENT 10.78 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 200 # Premium Gel followed by 10 bbls fresh water, mixed & pumped 5 bbls dye marker, mixed & pumped 86 stks 50/50 Pozmix cement w/ 2% gel + 1/2 # Phenoseal per sk, dye marker to surface, flushed pump clean, pumped 4 1/2" rubber plug to casing TD w/ 10.78 bbls fresh water, cement to surface, pressured to 800 PSI, released pressure, shut in casing.

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00
5406	20 mi	MILEAGE		84.00
5402	676'	casing footage		
5407	minimum	tax mileage		368.00
5502	2 hrs	PO VAC		200.00
1124	86 stks	50/50 Pozmix cement	989.00	
118B	345 #	Premium Gel	75.90	
1107A	43 #	Phenoseal	58.05	
		materials	1122.95	
		- 30%	336.89	
		subtotal		786.06
4404	1	4 1/2" rubber plug		47.25
			2996.72	
		7.65%	SALES TAX	63.75
			ESTIMATED TOTAL	2634.06

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.