



CONSOLIDATED
Oil Well Services, LLC

267798

TICKET NUMBER 47103

LOCATION Ohawa, 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 |
|---------|------------|--------------------|---------|----------|-------|--------|
| 4/29/14 | 7752 | Cannon # C-3 | SE 22 | 26 | 18 | AL |

CUSTOMER
SCZ Resources

MAILING ADDRESS
8614 Cedarspur Dr

CITY Houston STATE TX ZIP CODE 77055

| TRUCK # | DRIVER | TRUCK # | DRIVER |
|---------|--------|---------|----------------|
| 729 | GasKen | ✓ | Safety Meeting |
| 495 | HarBec | ✓ | |
| 518 | MikHag | ✓ | |
| 675 | KeiDet | ✓ | |

JOB TYPE logstring HOLE SIZE 6" HOLE DEPTH 879' CASING SIZE & WEIGHT 2 7/8" EUE

CASING DEPTH 859' DRILL PIPE _____ TUBING _____ OTHER _____

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

DISPLACEMENT 4.97 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 138 sks 59/50 Pozmix cement w/ 2% gel per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing, TD w/ 4.97 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

PKG

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--------------|-------------------|------------------------------------|------------|---------|
| 5401 | 1 | PUMP CHARGE | | 1005.00 |
| 5406 | on lease | MILEAGE | | |
| 5402 | 859' | casing footage | | |
| 5407A | 385.71 | ton mileage | | 543.85 |
| 5502C | 2 hrs | 80 Vac | | 200.00 |
| 1124 | 138 sks | 59/50 Pozmix cement | 1587.00 | |
| 1118B | 432# | Premium Gel | 95.04 | |
| | | materials | 1587.04 | |
| | | - 30% | 504.61 | |
| | | subtotal | | 1177.43 |
| 4402 | 1 | 2 1/2" rubber plug | | 29.50 |
| | | | 3667.04 | |
| | | SALES TAX | | 89.31 |
| | | ESTIMATED TOTAL | | 3125.09 |

Revin 3737

AUTHORIZATION No Co. Rep. on location 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.