



CONSOLIDATED
Oil Well Services, LLC

268723

TICKET NUMBER 46323
LOCATION 180
FOREMAN Jeff Shell

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

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-031-23905-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
6/2/14	7408	Mader # 1	26	21	16	Coffey																
CUSTOMER <u>Sonoma Resources</u>			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>603</td> <td>Jeremy M</td> <td></td> <td></td> </tr> <tr> <td>502</td> <td>Mark G</td> <td></td> <td></td> </tr> <tr> <td>539</td> <td>Jeff S</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	603	Jeremy M			502	Mark G			539	Jeff S		
TRUCK #	DRIVER	TRUCK #					DRIVER															
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MAILING ADDRESS <u>PO Box 384</u>																						
CITY <u>El Dorado, KS</u>	STATE <u>KS</u>	ZIP CODE <u>67042</u>																				
JOB TYPE <u>Surface B</u>		HOLE SIZE <u>12 1/4</u>	HOLE DEPTH <u>238</u>	CASING SIZE & WEIGHT <u>8 5/8</u>																		
CASING DEPTH <u>238</u>		DRILL PIPE	TUBING	OTHER																		
SLURRY WEIGHT <u>14.9</u>		SLURRY VOL <u>31</u>	WATER gal/sk	CEMENT LEFT in CASING <u>20'</u>																		
DISPLACEMENT <u>13.5</u>		DISPLACEMENT PSI <u>150</u>	MIX PSI <u>50</u>	RATE <u>5.2</u>																		
REMARKS: <u>Safety Meeting, brake circ. Pumped 125 SKS Class A cement 3% calcium 2% gel 1/4 lb Poly displaced cement to surface with 13 1/2 bbls freshwater</u>																						

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015		PUMP CHARGE	870.00	870.00 ✓
5406	35	MILEAGE	4.20	147.00 ✓
11045	125 sks	Class A cement	15.70	1962.50 ✓
1102	300 lbs	Calcium Chloride	.78	234.00 ✓
1118B	250 lbs	Gel	.22	55.00 ✓
1107	50 lbs	Polyflake	2.47	123.50 ✓
5407	1	Minibulk delivery	368.00	368.00 ✓
			Subtotal	3760.00
		Minus 3% Material Discount		712.50 ✓
			Subtotal	3047.50
			<input checked="" type="checkbox"/> completed	
			SALES TAX	102.24 ✓
			ESTIMATED TOTAL	3149.74

Ravin 3737

AUTHORIZATION M Shell TITLE Tool Pusher 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