

271839



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 50508

LOCATION Ottawa MS

FOREMAN Fred Maden

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 |
|---|------------|--------------------|-------------------------------|----------|-------|--------|
| 10.10.14 | 8520 | Campbell #1 H. 11 | SE 29 | R0 | 26 | AL |
| CUSTOMER Verde Oil | | | TRUCK # DRIVER TRUCK # DRIVER | | | |
| MAILING ADDRESS 3345 Arizona Rd | | | 712 Frc Mad 368 Avl Mad | | | |
| CITY STATE ZIP CODE Savonburg KS 66702 | | | 405 | | | |
| | | | 675 Harbor Kaidet | | | |
| | | | 548 Drunkha | | | |

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 915 CASING SIZE & WEIGHT 2 3/8 EUE
 CASING DEPTH 902 DRILL PIPE Baffle in TUBING @ 892 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plus 10'
 DISPLACEMENT 5.18 DISPLACEMENT PSI _____ MIX PSI _____ RATE SBPM

REMARKS: Hold safety meeting. Establish pump rate. Mix + Pump 100# Gel
 Flush. Mix Pump 5ks 50/50 Poz Mix Cement 270 Gal 570 Salt
 5# Kal Seal/sk. Cement to surface. Flush pump + lines
 clean. Displace Customer supplied 2 1/2" Latchdown Plug to
 baffle in casing. Pressure to 800# PSI. Release pressure to
 set float valve skat in casing.

Evans Energy Div. Inc. Scott

Fred Maden

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--------------|-------------------|------------------------------------|------------|---------------------------|
| 5401 | 1 | PUMP CHARGE | 368 | 1085.00 ✓ |
| 5406 | 70 mi | MILEAGE | 368 | 294.00 ✓ |
| 5402 | 902 | Casing footage | | N/C ✓ |
| 5407A | 406.875 | Ton Miles | 548 | 573.69 ✓ |
| 5501C | 2 hrs | 80 BBL Vac Truck | 675 | 200.00 ✓ |
| 1104 | 125 SKS | 50/50 Poz Mix Cement | 1437.50 | 1437.50 ✓ |
| 1118B | 310# | Premium Oil | 68.20 | 68.20 ✓ |
| 1111 | 252# | Granulated Salt | 98.20 | 98.20 ✓ |
| 1110A | 625# | Kal Seal | 287.50 | 287.50 ✓ |
| | | Material | 1891.48 | 1891.48 ✓ |
| | | less 30% | -567.44 | -567.44 ✓ |
| | | Total | | 1324.04 ✓ |
| | | | 4184.14 | |
| | | | 7.48 | SALES TAX 97.99 ✓ |
| | | | | ESTIMATED TOTAL 3574.33 ✓ |

Ravin 3737

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 for