



**CONSOLIDATED**  
Oil Well Services, LLC

271573

TICKET NUMBER 48269  
LOCATION Ottawa, KS  
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
9.30.14	5353	Tannahill # I-3	SW 33	23	16	WO
CUSTOMER Midway Oil Co.						
MAILING ADDRESS 227 W. Maple St.						
CITY Columbus		STATE KS	ZIP CODE 66225			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			712	Fred Mad	327	
			495	Harv Bac	558	Blu Bir
			675	Kei Dot		
			510	DUS Web		

JOB TYPE Logging HOLE SIZE 6 3/4 HOLE DEPTH 1125 CASING SIZE & WEIGHT 2 7/8 EUE  
CASING DEPTH 1119 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 2 1/2" Plug  
DISPLACEMENT 6.5 BBL DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 5.8 BPM

REMARKS: Hold safety meeting. Establish circulation. Mix Pump 100# Gel  
Flush. Pump 91 BBL Teeltale dye. Mix & Pump 5RS 50/50  
Por Mix Cement 6'6 Gel. Follow w/ 35 SKS OWC Cement  
Flush pump & Lines clean. Displace 2 1/2" Rubber plug to casing  
TD. Pressure to 800# PSI. Monitor pressure for 30 MIN  
MIT. Release pressure to set float valve. Shut in Casing.

Waco Drilling Rig #2 Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 <sup>00</sup>
5406	-	MILEAGE		N/C
5402	1119	Casing Footage		N/C
5407	1/2 Mile	Tax Miles	510	154 <sup>00</sup>
5407A	272.34	Tax Miles	558	384 <sup>00</sup>
5502C	2 1/2 hrs	80 BBL Vac Truck	675	200 <sup>00</sup>
1124	102 <sup>#</sup>	50/50 Por Mix Cement	1123 <sup>00</sup>	
1126	3584 <sup>kg</sup>	OWC Cement	691 <sup>25</sup>	
115B	614 <sup>#</sup>	Premium Gel	135 <sup>00</sup>	
		Material	1999 <sup>00</sup>	
		Less 30%	-599 <sup>00</sup>	
		Total		1399 <sup>00</sup>
4402	1	2 1/2" Rubber Plug		27 <sup>00</sup>
		<input checked="" type="checkbox"/> completed	4076.89	
		7.15%	SALES TAX	102 <sup>18</sup>
			ESTIMATED TOTAL	3434 <sup>20</sup>

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.