



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 50560
LOCATION Ottawa, 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
11/5/14	3372	Vasecky # 3-9	NW 23	14	20	DG
CUSTOMER Grand Mesa			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 1700 N. Waterfront Pkwy			729	Casey	✓ Safety Meeting	
CITY Widewater			666	Kei Car	✓	
STATE KS			503	Trotter	✓	
ZIP CODE 67206			370	Mik Fox	✓	

JOB TYPE logstring HOLE SIZE 6 7/8" HOLE DEPTH 775' CASING SIZE & WEIGHT 2 7/8" EVE
CASING DEPTH 759' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING _____
DISPLACEMENT 4.39 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.5 bpm

REMARKS: held safety meeting, established circulation, mixed + pumped 200# Premium Gel followed by 10 bbls fresh water, mixed + pumped 138 sks 5%so Pozmix cement w/ 2% gel, 5% salt, + 5# Kolseal per sk cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 4.39 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

PK

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		
5406	on lease	MILEAGE		
5402	759'	Casing footage		
5407	minimum	for mileage		
5502C	1.5 hrs	80 Vac		
1124	138 sks	5%so Pozmix cement		
1118B	432 #	Premium Gel		
1111	290 #	Salt		
1110A	690 #	Kolseal		
		materials		
		- 30%		
		Subtotal		
4402	1	2 1/2" rubber plug		

Rev 3737

SALES TAX
ESTIMATED
TOTAL

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