



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 50720
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
12/14/14	3372	Vesucky #4-5R	NW23	19	20	DG
CUSTOMER Grand Mesa						
MAILING ADDRESS 1700 Waterfront Pkwy						
CITY Wichita		STATE KS	ZIP CODE 67206			
TRUCK #		DRIVER		TRUCK #		DRIVER
729		Caskan		✓		Safety Meeting
6660		KerCar		✓		
510		Dushida		✓		
370		Mik Fox		✓		

JOB TYPE logstring HOLE SIZE 6 1/2" HOLE DEPTH 782' CASING SIZE & WEIGHT 2 7/8" EUE
CASING DEPTH 776' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT 4.40 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 200# Gel followed by 5 bbls fresh water, mixed & pumped 123 sks 5% Pozmix cement w/ 2% gel, 5% salt, & 5# Kalsol per sk cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TM w/ 4.40 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		
5406	on lease	MILEAGE		
5402	760'	casing footage		
5407	minimum	ten mileage		
5502C	2 hrs	80 Vac		
1124	123 sks	5% Pozmix cement		
1118B	407 #	Gel		
1111	258 #	Salt		
1102A	615 #	Kalsol		
		materials		
		subtotal		
4402	1	2 1/2" rubber plug		

Ravin 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.