

271831


 PO Box 884, Chanute, KS 66720
 620-431-8218 or 800-987-8878
TICKET NUMBER 50504LOCATION Ottawa KsFOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT

CEMENT

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|-----------------|------------|-----------------------|----------|------------|---------|--------|
| 10-8-14 | 7752 | W Kendall/Dice # I-22 | SEC 22 | 26 | 18 | AL |
| CUSTOMER | | | TRUCK # | DRIVER | TRUCK # | DRIVER |
| MAILING ADDRESS | | | 712 | Fred Mader | | |
| CITY | | | 495 | Mad Ace | | |
| STATE | | | 505/7103 | Gar Mao | | |
| ZIP CODE | | | 510 | Mat Co | | |
| Houston | | | | | | |
| TX | | | | | | |
| 77055 | | | | | | |

 JOB TYPE Long string HOLE SIZE 6 HOLE DEPTH 860 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 827 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 2 1/2" Plug
 DISPLACEMENT 4.8 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

 REMARKS: Hold safety meeting. Establish pump rate. Mix & Pump 100% Gel
Flush. Mix & Pump 50/50 Per Mix Cement 2 7/8 Gel
Cement to surface. 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
values. Shut in casing.

JTC Drilling

Fred Mader

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--------------|-------------------|------------------------------------|-----------------|---------|
| 5401 | 1 | PUMP CHARGE | 495 | 1025.00 |
| 5406 | - | MILEAGE | | 4/c |
| 5402 | 827 | Casing footage | | 4/c |
| 5407A | 365.94 | Tax Miles | 510 | 520.21 |
| 5501C | 1.25 hrs | Transport | 505/7103 | 160.00 |
| 1184 | 132 sks | 50/50 Per Mix Cement | 1518.00 | |
| 1115B | 322* | Premium Gel | 2370.00 | |
| | | Material | 1588.00 | |
| | | Less 30% | - 476.40 | |
| | | Total | | 1112.60 |
| 4402 | 1 | 2 1/2" Rubber Plug | | 29.00 |
| | | | 4578.16 | |
| | | 7.4% | SALES TAX | 84.58 |
| | | | ESTIMATED TOTAL | 2981.88 |

Form 8727

AUTHORIZATION Carl J. JTC

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.