



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 51024
LOCATION Ottawa KS
FOREMAN Fred Mader

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
6.12.15	4804	Nobson # I-3	NW 32	30 S	22 E	CR
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Legend Energy			712	Fred Mader		
MAILING ADDRESS			495	Har Bec		
3107 Thornton Ave			548	Brubir		
CITY	STATE	ZIP CODE	618/795	Trampas		
Parsons	KS	67357				

JOB TYPE Longstring HOLE SIZE 6 1/2 HOLE DEPTH 283 CASING SIZE & WEIGHT 3 1/2" EVE
 CASING DEPTH 278 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 3 1/2" Plug
 DISPLACEMENT 2.438 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4BPM

REMARKS: Hold Safety meeting Establish pump rate. Mix & Pump 50% Gel flush. Mix & Pump 41 SKS Poz Blend II A Cement 2% Gel. Cement to surface. Flush pump & lines clean. Displace Customers Plug to casing TD. Pressure to 800* PSI. Release pressure to set float valve. Shut in casing

Mokax Drilling.

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	495 1500 ⁰⁰	
CE0002	1/5 of 100 mi	MILEAGE	495 143 ⁰⁰	
CE0710	180.4	Ton Mile Delivery	548 315 ²⁰	
WS2402	1 hr	Transport	618/795 122 ⁰⁰	
		Sub Total	2078 ²⁰	
		less	-769 TH	1309 ⁵⁸
CC5842	41 SKS	Poz Blend II A Cement	604 ⁷⁵	
CC5965	120*	Bentonite Gel	36 ⁰⁰	
		Sub Total	640 ⁷⁵	
		less 25%	-160 ¹⁹	480 ⁵⁶
			7.15%	SALES TAX
				ESTIMATED TOTAL
				343 ³⁶
				1824 ⁵⁰

SCANNED

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 form.