CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER 49862
LOCATION Ottawa KS
FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-21-15	5448	Johnson # R-16	SW 11	24	18	AL

CUSTOMER: Michael Drilling LLC
MAILING ADDRESS: P.O. Box 402
CITY: Iola | STATE: KS | ZIP CODE: 66749

TRUCK #	DRIVER	TRUCK #	DRIVER
712	Fre Mad		
495	Har Bec		
548	Kai Dat		

JOB TYPE Longstring. HOLE SIZE 6 3/4 HOLE DEPTH 880 CASING SIZE & WEIGHT 4 1/2 open ended
CASING DEPTH 865' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 20'
DISPLACEMENT 13.85 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM.

REMARKS: Held Safety Meeting. Establish circulation. Mix Pump 100# Gel Flush. Pump 8.5 BBL Tell tale dye. Mix Pump 125 SKS Pre Blend I-A Cement. 2% Gel. Displace 4 1/2" Casing clean w/ 13.8 BBL Water. Shut in Casing.

Kinsey Drilling.
Customer Supplied Water

Fred Mader

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE 495	1500.00	
CE0002	30 mi	MILEAGE 495	214.50	
CE0710	Minimum	Ton Miles Delivery 548	660.00	
		Sub Total	2374.50	
		Less 46%	-1092.37	1282.33
CC5840	125 SKS	Pre Blend IA Cement	1687.50	
CC5965	310#	Bentonite Gel	93.00	
		Sub Total	1780.50	
		Less 46%	-819.03	961.47
		7.1%	SALES TAX	74.51
			ESTIMATED TOTAL	2318.21
				(4292.99)

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