



CONSOLIDATED
Oil Well Services, LLC

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

FIELD TICKET & TREATMENT REPORT

CEMENT API* 15-015-24031-00-00 KS

5282
Field Hct det
5188

TICKET NUMBER 51150

LOCATION EL Dorado

FOREMAN Fuzz 4

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-4-16	9999	ENSZ #1	18	23	4	Butler
CUSTOMER Kansas Petroleum Resources			BIRTH			
MAILING ADDRESS 200 E 15 th Ste 307			210-3140640			
CITY Wichita	STATE KS	ZIP CODE 67202	TRUCK #	DRIVER	TRUCK #	DRIVER
			603	Tracey		
			491	Jeremy		
			637	Jed		
			628	Fuzz 4		

JOB TYPE AWP HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE CIBP @ 2414'

REMARKS: Safety meeting on location. Rig up press test casing to 300' for 5 min. Pump 5 1/2 @ 270'. Tie on casing and mix 85 sacks 60 lbs per 490 gal and 2.4 5 1/2 and B side between 5 1/2 + 8918 to surface.

THANKS FUZZ 4 + C/O

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0451	1	PUMP CHARGE	1900 ⁰⁰	1900 ⁰⁰
CE0002	15	MILEAGE	715	10725
CE0711	3.7 ton	Tow Mileage Delivery (min)	125	660 ⁰⁰
CC5829	772 85 sacks	60 lbs per 490 gal	1475	175375
CC5969	300 ⁰⁰	Gal	.30	90 ⁰⁰
W60853	5 hrs	80 \$52 1 hr	100 ⁰⁰	500 ⁰⁰
		sub total		4511 ⁰⁰
		50% less disc		2255 ⁵⁰
		sub total		2255 ⁵⁰
				2255 ⁵⁰
		SALES TAX		
		ESTIMATED TOTAL		

AVIN 3737
 AUTHORIZATION Pod Anson 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