



CONSOLIDATED
OIL WELL SERVICES, LLC

Invoice #807718

5805/5774

TICKET NUMBER 50083

PO Box 894, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

LOCATION Ottawa
FOREMAN Alan Mader

Invoice #807718

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-2-12	4807	Sturdivan S - L.O. #10	NW 34	23	16	W.O.

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Lake shore Oper.	730	Ala Mader	Safety	Meat
MAILING ADDRESS	368	A. Mader		
340 S. Laura	675	Ke. Det.		
CITY	804	Ke. Car		
Wichita				
STATE				
KS				
ZIP CODE				
67211				

JOB TYPE log string HOLE SIZE 5 1/8 HOLE DEPTH 1092 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 1082 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING yes
 DISPLACEMENT 6.3 DISPLACEMENT PSI 800 MIX PSI 200 RATE 3 bpm

REMARKS: Held meeting. Established rate. Mixed & pumped 100# gel followed by 129 sk Poz Blend II-A plus 20% gel, 5# Kal Seal, 1# Pheno seal per sack. Circulated cement. Flashed pump. Pumped plug to casing T.D. Well held 800 PSI. Set float. Circulated 5 bbl cement returns.

Jackman Drilling

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	
CE0450	1	PUMP CHARGE	368
CE0002	40	MILEAGE	868
CE0711	min	ton miles	804
WB0853	3 1/2	80 wsc	675
		Sub	
		Less 47%	
CE0584	129	Poz Blend II-A	
CE3965	322#	gel	
CE6071	645#	Kal seal	
CE6079	129#	Pheno seal	
CP8176	1	2 1/2 plug	
		Sub	
		Less 47%	
SCANNED			
			7.5

Form 372

AUTHORIZATION [Signature] TITLE _____

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.