



CONSOLIDATED
Oil Well Services, LLC

6488
6393

808390

TICKET NUMBER 50296

LOCATION Oshtawa KS

FOREMAN Fred Maden

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
8-19-16	4807	Sturdivan #102-P	NW 34	23	16	W0
CUSTOMER Lakeshore Operatly.			TRUCK #			
MAILING ADDRESS 340 S. Laura			DRIVER			
CITY Wichita		STATE KS	ZIP CODE 67211	TRUCK #		
				DRIVER		

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 1052 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 1056 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL. _____ WATER gal/blk _____ CEMENT LEFT IN CASING 2 1/2" Plug
 DISPLACEMENT 6.3 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4BPM

REMARKS: Hold safety pump up. Establish circulation. Mix + Pump 100# Gel
 Flush. Mix + Pump 134 SKS Por Blend IIA Cement 270 Gal
 5# Kal Seal 1# Pheno Seal / SK. 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 valve.

Jackman Oil Well Services. Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PROD
CE0450 ✓	1	✓ PUMP CHARGE
CE0002 ✓	40 mi	✓ MILEAGE
CE0711 ✓	Minimum	✓ Ton Miles Delivery
WE0853 ✓	3 hr	✓ 80 BBL Vac Truck
		Sub Total
		less 47%
SCANNED		
1540 CC5872 ✓	134 SKS	✓ Por Blend IIA Cement
CC5965 ✓	330#	✓ Bentonite Gel
CC6077 ✓	670#	✓ Kal Seal
CC6079 ✓	134#	✓ Pheno Seal
CP8174 ✓	1	✓ 2 1/2" Rubber Plug
		Sub Total
		less 47%

Rev'n 8737

AUTHORIZATION [Signature] TITLE _____

I acknowledge that the payment terms, unless specifically amended in writing on the account records, at our office, and conditions of service on the back of this form are