



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-6676

6385 / 6290

TICKET NUMBER 50208
LOCATION Ottawa KS
FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT

CEMENT

INVOICE # 000287

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-1-16	4807	Sturdivan #602.2	NW 34	23	16	W0
CUSTOMER Lakeshore Operations LLC			TRUCK #			
MAILING ADDRESS 340 So Laura			DRIVER			
CITY Wichita			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 67211			TRUCK #			
			DRIVER			

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 1092 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 1085 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/ek _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 6.3 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Hold Safety meeting. Establish circulation. Mix + Pump 100# Gel Flush Mix + Pump 145 SWS Por Blend II A Cement 2 3/4 Gal 5# Kal Seal 1# Pheno Seal/SH. Cement to surface. Flush pump + lines clean. Displace 2 1/2" Rubber plug to casing. TDE Pressure to 800# PSI. Monitor pressure for 30 Min. MFI. Release pressure to set float valve. Shut in casing.

Jackman Oil Well Services

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or P
CE 0450	1	PUMP CHARGE
CE 0002	40 mi	MILEAGE
CE 0711	Mileage	Ton Miles Delivery
WE 0853	3hrs	80 BBL Vac Truck
		Sub Total
		Less
CE 5121	145 SWS	Por Blend II A Cement
CE 5965	350 #	Bentonite Gel
CE 6077	725 #	Kal Seal
CE 6079	145 #	Pheno Seal
CP 8176	1	2 1/2" Rubber Plug
		Sub
		Less
		7.50

Rev 9737

AUTHORIZATION _____ TITLE _____

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