



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

**FIELD TICKET & TREATMENT REPORT
 CEMENT**

TICKET NUMBER 54761
 LOCATION Eldorado
 FOREMAN Brad Butler

API # 15-019-27589

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-13-17	4291	Hyder JBD #3	5	35s	13E	Chautauque
CUSTOMER JBD / KANSAS ENERGY CO., LLC			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 68			760	Chris		
CITY Sedan	STATE Ks.	ZIP CODE 67361	713	Tracy		
			680-795	Trampis		
			702	Brad		

JOB TYPE LongString HOLE SIZE 6 3/4" HOLE DEPTH 775' CASING SIZE & WEIGHT 4 1/2"
 CASING DEPTH 748' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14 pps SLURRY VOL 27 Bbls WATER gal/sk 6.0 CEMENT LEFT in CASING 0'
 DISPLACEMENT 11.8 Bbls DISPLACEMENT PSI 400 MIX PSI _____ RATE 3 bpm

REMARKS: Safety Meeting: Rig up to 4 1/2" casing, pumped 12 Bbls water ahead, 10 Bbl. Gel Flush followed with 15 Bbls. water spacer, mixed 110 sks. 65/35 Pozmix cement/ chemicals at 14 pps. Shut down - washout pump + 2 hrs
Release Plug - Displaced Plug with 11 3/4 Bbls water. Final pumping at 400 psi, Land Plug with 900 psi, wait a few minutes
Release Pressure - Float Held, closed casing in with 0 psi. Job complete with good cement returns
Note: circulated 7 Bbls cement slurry to pit WASH UP & Tear down

"Thank you"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE 0450	1	PUMP CHARGE	1500.00	1500.00
CE 0002	75	MILEAGE	7.15	536.25
CE 0001	75	Pickup mileage	3.00	225.00
CE 0711	M/L	Bulk Truck charge	660.00	660.00
CE 0525	1	Blending charge	1.80	180.00
CE 1200	1	4 1/2" Cement Plus container charge	350.00	350.00
CP 8178	1	4 1/2" Top Rubber Plug	75.00	75.00
WS 2402	5 Hrs.	WATER TRANSPORT	120.00	600.00
CC 5844	110 SACKS	65/35 Pozmix cement	15.50	1705.00
CC 5326	500 lbs.	Sodium Chloride / SALT	1.00	500.00
CC 5965	400 lbs.	Bentonite	.30	120.00
CC 6077	500 lbs.	KOI- SEAL	.50	250.00
CC 6079	40 lbs.	Pheno- SEAL	1.35	54.00
CC 6159W	5460 gal.	City WATER	.03	163.80
				6919.05
			522	Discount
			8.52	SALES TAX
				ESTIMATED TOTAL
				3438.15

Ravin 3737

AUTHORIZATION [Signature] 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.