



REMIT TO

QES Pressure Pumping LLC
 Dept:970
 P.O.Box 4346
 Houston, TX 77210-4346

MAIN OFFICE

P.O.Box884
 Chanute, KS 66720
 620/431-9210, 1-800/467-8676
 Fax 620/431-0012

Invoice

Invoice#

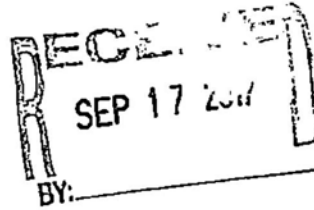
811251

Invoice Date: 09/14/17

Terms: Net 30

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Lakeshore Operating, LLC
 c/o Carolyn Jergenson, CPA, LLS
 340 S. Laura Street
 Wichita KS 67211
 USA
 773-754-6242



BACON LO-19

Tax: 67.78

Total: 2,683.28



PRESSURE PUMPING

9032 / 8924

TICKET NUMBER 50465

LOCATION Ottawa

FOREMAN Alan Maddox

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

WELL TICKET & TREATMENT REPORT
CEMENT

Invoice # 811251

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-12-17	4807	Bacon LD-19	NE 7	30	11a	Wilcox
CUSTOMER Lake Shore			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 340 S. Laura			730 - Ala. Maddox Safety Meet			
CITY STATE ZIP CODE Wichita KS 67211			467 - Kei Car			
			675 - Kei Del			
			503 - Fire Maddox			

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 930 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 924 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 3.4 DISPLACEMENT PSI 800 MIX PSI 200 RATE 46 bpm

REMARKS: Held meeting. Established rate. Mixed & pumped 100# gel followed by 99 sk Poz Blend II plus 2% gel 5# Kel seal 1# Pheno seal per sack. Circulated cement & flushed pump. Pumped plug to casing TD. Well held 800 RST. Set float.

Matt Heis Driller

Alan Maddox

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
LE0450	1	PUMP CHARGE	467	1500.00
CE 0002	50	MILEAGE	467	357.50
CE 0111	1	minumup	503	1060.00
WE 0853	4 1/2	80 vac	675	450.00
		sub		296.78
		less 47%		1394.23
				1572.27
3920 LL 5965	99	Poz Blend II		1460.25
LL 5965	270 #	gel		81.00
LL 6077	495 #	Kel seal		247.50
LL 6079	99 #	Pheno seal		133.65
LP 8176	1	2 1/2 plug		45.00
		sub		196.74
		less 47%		92.468
				1042.22
			10.5	67.26
				2683.28
				5062.28

SCANNED

Form 3737

AUTHORIZATION _____ TITLE _____ DATE _____
 SALES TAX ESTIMATED TOTAL

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.