



API #
15-017-20925-00-01

TICKET NUMBER 54726
LOCATION EL Dorado, KS
FOREMAN Fuzzy

PRESSURE PUMPING LLC
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
9-20-17	5407	Barbara J Wells T ¹ #4	13	19	6	Chase
CUSTOMER Mathews Energy			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 2128			760	Chris		
CITY Traverse City			611	Jud		
STATE Michigan				Mark		
ZIP CODE 49685			725	Fuzzy		

JOB TYPE Production HOLE SIZE 7 7/8 HOLE DEPTH 1874 CASING SIZE & WEIGHT 5 1/2 - 17 #
 CASING DEPTH 1875 66 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.8 SLURRY VOL 67.3 55 WATER gal/sk 7.46 CEMENT LEFT in CASING 8'
 DISPLACEMENT 43.5 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Summit Drlg. Float equip Turbolizers 15-10
 20-30-40. Baskets 7-25-35. Marker Jt 12' Between #9 & #5.
 Circulate for 30min. Pump 5 BBL water, 5 BBL 2% calcium chloride water
 5 BBL water, 10 BBL Sodium metasilicate water, 5 BBL water, 3 BBL Dye water
 mix 225SKS Thixo Blend I w/ 5# Kol-seal & 1# phenoseal per SK. Wash
 pump and lines. Drop plug and displace 44 1/2 BBL, 600# KHT
 1100# land plug. Float hold. Dye water did return with
 slight traces of cement. Fall back.

THANKS Fuzzy & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0451	1	PUMP CHARGE	1900 ⁰⁰	1900 ⁰⁰
CE0002	50 miles	MILEAGE	7.15	357.50
CE0711	1	min Bulk Delivery	660 ⁰⁰	660 ⁰⁰
CC5860	225SKS	Thixo Blend I	25 ⁰⁰	5625 ⁰⁰
CC5970	200#	Sodium metasilicate	2.55	510 ⁰⁰
CC6077	1150#	Kol-seal	.50	575 ⁰⁰
CC6079	225#	Phenoseal	1.35	303.75
CC5325	200#	Calcium chloride	1.25	N/C
WS2402	CHAS	Transport	120 ⁰⁰	720 ⁰⁰
WC6159	6000 GAL	CITY WATER	.02	N/C
CP8254	1	5 1/2 Aftchdown Plug And Assci	400 ⁰⁰	400 ⁰⁰
CP8433	1	5 1/2 AFU float shoe	585 ⁰⁰	585 ⁰⁰
CP8554	6	5 1/2 Turbolizers	81 ⁰⁰	486 ⁰⁰
CS3800	1	8' - 5 1/2 shoe Jt	280 ⁰⁰	280 ⁰⁰
CS3800	1	12' - 5 1/2 marker Jt	420 ⁰⁰	420 ⁰⁰
CP8651	3	5 1/2 Recip Baskets	360 ⁰⁰	360 ⁰⁰
		subtotal		13182.25
		disc		6459.30
		SALES TAX		
		ESTIMATED TOTAL		6722.95

Flavin 3737
 AUTHORIZATION  TITLE _____ DATE 9-20-17

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.