



API 15-059-2926-00.01

TICKET NUMBER 53979

LOCATION Ottawa

FOREMAN Alan Mader

PRESSURE PUMPING LLC
PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8678

FIELD TICKET & TREATMENT REPORT
CEMENT

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|---------------------|------------|--------------------|---------|-----------|---------|--------|
| 3-22-18 | 1828 | Salisbury #1 | NE 33 | 15 | 20 | FR |
| CUSTOMER | | | TRUCK # | DRIVER | TRUCK # | DRIVER |
| Celt Energy | | | 730 | Ala Mader | Safety | Meat |
| MAILING ADDRESS | | | 495 | Har Bec | | |
| 112 Rhode Island Rd | | | 675 | Kei Det | | |
| CITY | STATE | ZIP CODE | | | | |
| Fols | KS | 66719 | | | | |

JOB TYPE plug HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 2 1/8
 CASING DEPTH 776 DRILL PIPE _____ TUBING 1" 767' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE 1 bpm

REMARKS: Held meeting. Washed 1" to casing TD. Mixed & pumped 20 sk Poz Blend Th-A plus 27 gal 1# Phenoxal per sock. Circulated cement. Pulled 7" out and topped off well. Hooked directly to well and injected 5 sk of cement into well. Well pressured to and held 500 PSI. Closed valve.

Alan Mader

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--------------|-------------------|------------------------------------|------------|---------|
| LEPN50 | 1 | PUMP CHARGE | 495 | 1500.00 |
| CE0002 | 15 | MILEAGE | 495 | 107.25 |
| CE0711 | 1 | minimum ton | 804 | 660.00 |
| WE0853 | 2 | 80 GAL | 675 | 200.00 |
| | | Sub | | 2467.25 |
| | | less 50% | | 1233.63 |
| | | | | 1233.63 |
| CC5842 | 25 | Poz Blend Th-A | 368.75 | |
| CC5965 | 43 # | gel | 12.90 | |
| CC6079 | 25 # | Phenoxal | 33.25 | |
| | | Sub | | 415.90 |
| | | less 50% | | 207.95 |
| | | | | 207.95 |
| | | Sub (2015.80) | | |
| | | 80% | | |
| | | SALES TAX | | 116.63 |
| | | ESTIMATED TOTAL | | 1457.94 |

Ravin 3737

AUTHORIZATION R.P. Mader

TITLE _____

DATE 3/22/2017

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