



PRESSURE PUMPING LLC

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

TICKET NUMBER **54245**

LOCATION **Eldorado, Ks**

FOREMAN **Brad Butler**

**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-14-18	1098	Whitson C #1	17	33s	4E	Cowley
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Anstine & Musgrove, Inc			603	Austin		
MAILING ADDRESS			713	Chance		
PO Box 391			702	Brad		
CITY	STATE	ZIP CODE				
Powca City	OK	74602				

JOB TYPE PTA	HOLE SIZE	HOLE DEPTH Open Hole	CASING SIZE & WEIGHT 5 1/2"
CASING DEPTH	DRILL PIPE	TUBING 2 3/8" SET AT 3200'	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE

REMARKS: Safety Meeting. Rig up to 2 3/8" Tubing set at 3200', pumped water ahead to established circulation. Spot 45 sks 60/40 Pozmix cement w/ 4% gel, 2% CaCl2 and Hulls on bottom. Pull Tubing out of well. Rig up wireline to well, run in and tagged cement at 2740'. Perforate 5 1/2" casing at 250'. Run Tubing into well to 300', rig up to Tubing, pumped water ahead to get circulation. Mixed cement till we got good cement returns, slowed pump rate and closed valve on 5 1/2" casing. Resume pumping cement till we got good cement returns on backside, shutdown. Pull Tubing out of well. Resume pumping cement to fill up casing. Never did get casing fill up and mud came around backside. Top plug we used 205 sacks cement shutdown - let cement set up - come back later date with 1" pipe to finish plugging well.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0452	1	PUMP CHARGE	2300.00	2300.00
CE0002	55	MILEAGE	7.15	393.25
CE0711	M/C	Bulk Truck charge	660.00	660.00
CE2012	1	wireline	75.00	M/C
CC5829	250 SACKS	60/40 Pozmix cement w/ 4% gel	16.00	4000.00
CC5325	480 lbs	Calcium Chloride 2%	1.25	600.00
CC6050	80 lbs	Hulls	1.00	80.00
				8033.25
Discount 35%				-2811.64
SubTOTAL				5221.61
SALES TAX				
ESTIMATED TOTAL				

Ravin 3737

AUTHORIZATION

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.



PRESSURE PUMPING LLC

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

TICKET NUMBER 54247

LOCATION El Dorado, KS

FOREMAN Brad Butler

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-17-18	1098	Whitson C #1	7	33s	4E	Cowley
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Anastine & Musgrove, Inc.			446	John		
MAILING ADDRESS			713	Donnie		
P.O. Box 391			702	Brad		
CITY	STATE	ZIP CODE		James		
Ponca City	OK	74602				

JOB TYPE <u>PTA</u>	HOLE SIZE _____	HOLE DEPTH _____	CASING SIZE & WEIGHT <u>5 1/2"</u>
CASING DEPTH _____	DRILL PIPE _____	TUBING _____	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING _____
DISPLACEMENT _____	DISPLACEMENT PSI _____	MIX PSI _____	RATE _____

REMARKS: Safety Meeting: Ran 2 3/8" Tubing down inside of 5 1/2" casing - Tagged cement at 150' rig up to Tubing, pumped water ahead - mixed cement till we had good cement returns, Pull Tubing out of well filled casing back up with cement. mixed with 5 1/2 Bbls = 33 sacks cement

Ran 1" pipe down on backside to 270', rig up to 1" pipe and pumped water to get circulation - mixed cement till we got good cement returns, Pull 1" pipe out of hole, fill casing & backside w/ cement. mixed with 15 1/2 Bbls = 93 sacks cement

Job complete - Washup & Tear down

"Thank you"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1,500.00	1,500.00
CE0002	55	MILEAGE	7.15	393.25
CE0711	M/S	Bulk Truck charge	660.00	660.00
CC5829	126 SACKS	60/40 Pozmix cement w/ 4% gel	16.00	2,016.00
CC5325	215 lbs	Calcium Chloride	1.25	268.75
				4,838.00
			Discount 35%	-1,693.30
			Sub Total	3,144.70
			SALES TAX	
			ESTIMATED	
			TOTAL	

Ravin 3737

AUTHORIZATION [Signature] TITLE _____ DATE _____

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