



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

TICKET NUMBER 54072
 LOCATION Otfaug
 FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|---------------------------------------|--------------------------|--------------------|----------------|----------------|---------------|-------------|
| B-10-18 | 4807 | Renn 10L-1 | NE 21 | 30 | 16 | Wilson |
| CUSTOMER <u>Lakeshore</u> | | | TRUCK # | DRIVER | TRUCK # | DRIVER |
| MAILING ADDRESS <u>340 S Laurq</u> | | | <u>730</u> | <u>AlaMad</u> | <u>Safety</u> | <u>Meat</u> |
| CITY <u>Wichita</u> | | | <u>467</u> | <u>Har Bec</u> | | |
| STATE <u>KS</u> | ZIP CODE <u>67211</u> | | <u>505/106</u> | <u>Kei Det</u> | | |
| | | | <u>804</u> | <u>Kal Ear</u> | | |

JOB TYPE long string HOLE SIZE 5 5/8 HOLE DEPTH 922 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 917 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT 5.33 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held meeting. Established rate. Mixed & pumped 100# gel followed by 100 sk Poz Blend IIA plus 270 gel, 5# Kol seal 1# Pheno seal per sack. Circulated cement. Phoned pump. Pumped plug to casing TD well held 800 PSI for 30 minute MIT. Set float.

Matt Heis
Alan Mader

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--------------|-------------------|------------------------------------|------------|-----------------------|
| LE0450 | 1 | PUMP CHARGE | 467 | 1500 ⁰⁰ |
| LE0002 | 55 | MILEAGE | 467 | 393 ³⁵ |
| LE0711 | 1/2 mi | for miles | 809 | 330 ⁰⁰ |
| WS2402 | 3 1/2 | transport | 505/1T-106 | 420 ⁰⁰ |
| | | Sub | | 2643 ²⁵ |
| | | less 35% | | -925 ¹⁴ |
| | | | | 1718 ¹¹ |
| LL5892 | 100 | Poz Blend IIA | | 1475 ⁰⁰ |
| LL5965 | 272 # | gel | | 81 ⁰⁰ |
| LL6077 | 500 # | Kol seal | | 250 ⁰⁰ |
| LL6079 | 100 # | Pheno seal | | 135 ⁰⁰ |
| CP8176 | 1 | 2 1/2 plug | | 45 ⁰⁰ |
| | | Sub | | 1986 ⁰⁰ |
| | | less 35% | | -695 ³¹ |
| | | | | 1291 ²⁹ |
| | | 0.5 | | SALES TAX |
| | | | | 83 ⁹³ |
| | | | | ESTIMATED TOTAL |
| | | | | 3093 ³³ |
| | | | | (4758 ⁹⁸) |

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.