



**CONSOLIDATED**  
Oil Well Services, LLC

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

TICKET NUMBER 35162

LOCATION Blair, KS

FOREMAN Casey Kennedy

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/12/12	4578	Russell # I-10	NW 10	14	22	JO
CUSTOMER Kantex Oil + Gas, LLC			TRUCK #			
MAILING ADDRESS 3245 E. University Dr.			481	Driver Casper	Truck #	Driver Safety Meeting
CITY McKinney			6666	Driver Gar Moo	Truck #	Driver 1
STATE TX			558	Driver Bremer	Truck #	Driver
ZIP CODE 75069			675	Driver Keith	Truck #	Driver

JOB TYPE logstring HOLE SIZE 5 7/8" HOLE DEPTH 900' CASING SIZE & WEIGHT 2 7/8" EUE  
 CASING DEPTH 877' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT 5.08 bbls DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4.5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 100 # Premium Gel followed by 10 bbls fresh water, mixed & pumped 146 sks 50/50 Pozmix cement w/ 2% gel per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 5.08 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

*[Handwritten signature]*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5406	30 mi	MILEAGE		120.00
5402	877'	casing footage		
5407	minimum	ton mileage		350.00
5502C	2.5 hrs	80 Lac		225.00
1124	146 sks	50/50 Pozmix cement		1598.70
1118B	345 #	Premium Gel		72.45
4402	1	2 1/2" rubber plug		28.00
			7.525%	SALES TAX
				ESTIMATED TOTAL
				3552.01

Rayn 3737

AUTHORIZATION No Co. Rep. our location

TITLE Jim Green Ok'd

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

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