



CONSOLIDATED

Oil Field Services

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

FIELD TICKET & TREATMENT REPORT

CEMENT

TICKET NUMBER 33714
LOCATION Oakley
FOREMAN Kelly Gabe
Shannon Feck
KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-15-11	1707	Douglas #1 X	17	23 ^s	23 ^w	Hodgson
CUSTOMER			TRUCK #			
Belexco			DRIVER			
MAILING ADDRESS			TRUCK #			
CITY			DRIVER			
STATE			TRUCK #			
ZIP CODE			DRIVER			

JOB TYPE DV-Prod HOLE SIZE 7 1/4 HOLE DEPTH 4550 CASING SIZE & WEIGHT 5 1/2 14 #
 CASING DEPTH 4543 DRILL PIPE _____ TUBING _____ OTHER DV @ 2602
 SLURRY WEIGHT 12⁵-14² SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 42"
 DISPLACEMENT 110 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting, Rigged up on Beredco #2, Pumped 500gal Mud
Flush, Mixed 200 SKS 60/40 Poz 8% gel 1/4 # Flo-seal followed by 150 SKS Com,
Displaced with 50 bbl 4bl bbl mud, lift pressure 700 # & Plug end 1500 #.
Dropped DV Bomb & waited 15 min & opened tool @ 1100 #, circulated 2 hrs,
Mixed 30 SKS RH & 20 SKS MH, Mixed 300 SKS lite 1/4 # Flo-seal followed
by 75 SKS Com, Released Plug & displaced with 6 3/2 bbl H2O released
Pressure float held, Cent. on Jts, 1, 3, 5, 7, 9, 11, 13, 15, 17 & 49
Basket on #47, DV Tool on top of #46
approx 0 bbl to Pit Top stage lift 500 # Plug end 1500 #

Thank You
Kelly & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401C	1	PUMP CHARGE	2850 ⁰⁰	2850 ⁰⁰
5406	35 mi	MILEAGE	175 ⁰⁰	175 ⁰⁰
11045	225 SKS	class A cement	14 ³⁵	3206 ⁷⁵
1131	550 SKS	60/40 Poz	1195	6572 ⁵⁰
1118B	3784 #	Bentonite	.20	756 ⁸⁰
1110A	750 #	Kal-seal	.44	330 ⁰⁰
1107	138 #	Flo-seal	2.33	306 ³⁶
1111	723 #	salt	.35	253 ⁰⁵
5407A	34.23	Ton Mile legged delivery	158	1882 ²⁰
11446	500 gal	Mud flush	1 ⁰⁰	500 ⁰⁰
4159	1	5 1/2 AFH Floe & shoe	344 ⁰⁰	344 ⁰⁰
4130	10	5 1/2 Centralizers	48 ⁰⁰	480 ⁰⁰
4104	1	5 1/2 Basket	229 ⁰⁰	229 ⁰⁰
4283	1	5 1/2 DV Tool w/ latch down	3850 ⁰⁰	3850 ⁰⁰
4309	1	5 1/2 clamp	30 ⁰⁰	30 ⁰⁰
				21775 ⁷⁶
			246584	21775 ⁸⁸
				19598 ¹⁸
			SALES TAX	1130.34
			ESTIMATED TOTAL	20728 ⁵²

5:30 PM

AUTHORIZATION Mal 2

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.