



CONSOLIDATED
Oil Well Services, LLC

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

272031

TICKET NUMBER 50542
LOCATION Ottawa
FOREMAN Alan Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-27-14	4448	Naves KR. 18	SW 31	16	22	MI
CUSTOMER Kansas Resources E+D			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 9393 W 110th			730	Ala Mad	Safety	Meed
CITY STATE ZIP CODE Overland Park 155 66210			368	Art Mad	PTOP	175
			369	Mik Hes	DEV	1007
			558	Brn Bir	PAV	1421

JOB TYPE plug HOLE SIZE 5 7/8 HOLE DEPTH 520 CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING 1" 520' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI 1000 RATE 1 bpm

REMARKS: Held meeting. Established rate. Washed 1" to hole T.D. Mixed & pumped 40 s/s 50/50 cement plus 6% gel. Pulled 1" to 300'. Mixed & pumped 24 sk more cement. Circulated cement to surface. Pulled 1" out & topped off hole. left well full of cement bottom to top.

2ack s/s total
Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405A	1	PUMP CHARGE	368	1086
5406		MILEAGE	368	
5407	1/2 min	ten miles	558	184
5502L	1 1/2	80 gal	369	150
1124	64	50/50 cement	736	
1118B	323#	gel	71.06	
		material sub	801.06	
		Less 30% -	242.12	
		material total		564.94
			2287.80	
		SALES TAX		43.22
		ESTIMATED TOTAL		2027.16

Flavin 3737
NO COMPANY REP
JIM OKO

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.