



CONSOLIDATED
Oil Well Services, LLC

261646

TICKET NUMBER 42377

LOCATION Ottawa KS

FOREMAN Fred Mader

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

FIELD TICKET & TREATMENT REPORT

CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
G-2113	2579	Gilchrist BSI-60-2	SE 4	18	21	FR
CUSTOMER Enerjex Energy			TRUCK #			
MAILING ADDRESS 10975 Grandview Dr			DRIVER			
CITY Overland Park		STATE KS	ZIP CODE 66210	TRUCK #		
				DRIVER		
				712		
				Fre Mad		
				495		
				Har Bec		
				370		
				Kei Car		
				510		
				Set Tuc		

JOB TYPE Long string HOLE SIZE 6 HOLE DEPTH 640 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 629 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 3.66 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5.0 BPM

REMARKS: Hold crew safety meeting. Establish pump rate. Mix Pump
 100* Gel Flush. Mix + Pump 78 sks 70/30 Poz Mix Cement
 270 Gel 5% Salt 1/2" Pheno Seal/sk. Cement to surface. Flush
 pump & lines clean. Displace 2 1/2" Rubber plug to casing TB.
 Pressure to 800* PSI. Hold & monitor pressure for 30 min
 MIT. Release pressure to set float valve. Shut in casing

~~ATC Green Drilling~~ JTC Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰
5406	20 mi	MILEAGE	495	84 ⁰⁰
5402	629	Casing footage		NK
5407	1/2 Minimum	Ten Miles	510	189 ⁰⁰
5502C	1 1/2	80 BBL Vac Truck	370	135 ⁰⁰
1127	78 SKS	70/30 Poz Mix Cement		1041 ³⁰
1118B	238 [#]	Premium Gel		52 ³⁶
1111	158 [#]	Granulated Salt		61 ⁶³
1107A	39 [#]	Pheno Seal		52 ⁶⁵
4402	1	2 1/2" Rubber Plug		29 ⁵⁰
			7.65%	SALES TAX
				ESTIMATED
				TOTAL
				9967
				2820 10

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AUTHORIZATION Jay Dill 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.