



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 49848

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
10-7-15	3372	Schmidt #2-16 I	NE 22	14	20	DG
CUSTOMER Grand Mesa			TRUCK #			
MAILING ADDRESS 1700 N Water Front Pkwy Ste 600			DRIVER			
CITY Wichita		STATE KS	ZIP CODE 67206		TRUCK #	
			DRIVER			
			712 Fre Mad			
			495 Hav Bec			
			675 Kai Det			
			510 Kai Car			

JOB TYPE Logging HOLE SIZE 5 7/8 HOLE DEPTH 762 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 755.05 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 4.3713 B DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 B PM

REMARKS: Hold Safety meeting. Establish circulation. Mix & Pump 100*
Get Flush. Mix & Pump 110 SKS Por Blend I A Cement 2 7/8 Gal
5% Salt 5th Kol Seal/sk. Cement to Surface. Flush pump & lines
clean. Displace 2 7/8" Rubber plug to casing TD. Pressure to
800# PSI. Monitor pressure for 30 min MIT. Release pressure
to set float valve. Shut in casing.

Mc Gown Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450		PUMP CHARGE		
CE0002	25	MILEAGE		
CE0710	2/3 Minimum	Ten Miles Delivery		
WE0853	1 hr	80 BBL Vac Truck		
		Sub Total		
		less 39%		
CC5840	110 SKS	Por Blend I A Cement		
CC5965	285*	Bentonite Gel		
CC5326	213*	Granulated Salt		
CC6077	550*	Kol Seal		
CP5174	1	2 7/8" Rubber Plug		
		Sub Total		
			7.5%	SALES TAX
				ESTIMATED TOTAL

Ravin 3737

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.