CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 49860
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
10-21-15	3372	Vesecky # 1-4i	NE 22	14	20	OG

CUSTOMER: Grand Mesa
MAILING ADDRESS: 1700 N Waterfront Pkwy Bldg 600
CITY: Wichita | STATE: KS | ZIP CODE: 67206

TRUCK #	DRIVER	TRUCK #	DRIVER
712	Fre Mad		
495	Mar Bec		
675	Ki Dot		
510	Trailer		

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 762 CASING SIZE & WEIGHT 2 7/8 EUE
CASING DEPTH 756 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2½" Plug
DISPLACEMENT 4.4 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Hold Safety meeting Establish circulation. Mix & Pump 100# Gel Flush. Mix & Pump 100 sks Pre Blend I A Cement 2% Cal 5% Salt 5# Kol Seal/sk. Cement to Surface, Flush pump & lines clean. Displace 2½" Rubber plug to casing TD. Pressure to 800# PSI. Monitor Pressure for 30 minute MIT. Release pressure to set Float Valve.

McGown Drilling. Fred Mader

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT		UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	495		
CE0002	—	MILEAGE			
CE0710	½ Minimum	Ton Miles Delivery	510		
WE0853	1 hr	80 BBL Vac Truck	675		
		Sub Total			
CE5840	100 SKS	Pre Blend I A Cement			
CC5865	268#	Bentonite Gel			
CC5326	193	Granulated Salt			
CC6077	500#	Kol Seal			
CP8176	1	2½" Rubber Plug			
		Sub Total			
				SALES TAX	
				ESTIMATED TOTAL	

Ravin 3737

AUTHORIZTION _____ 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.