



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

11708  
11S90

TICKET NUMBER 55469  
LOCATION Ottawa, KS  
FOREMAN Casey Kennedy  
Invoice # 814238

FIELD TICKET & TREATMENT REPORT  
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9/27/18	4807	Remn # L0-15	NE 21	30	16	WL
CUSTOMER <u>Lakeshore Operating LLC</u>						
MAILING ADDRESS <u>340 S. Laura</u>						
CITY <u>Wichita</u>		STATE <u>KS</u>	ZIP CODE <u>67211</u>			
		TRUCK #	DRIVER	TRUCK #	DRIVER	
		<u>729</u>	<u>Carson</u>	<u>✓</u>	<u>Safety Meeting</u>	
		<u>467</u>	<u>Kei Car</u>	<u>✓</u>		
		<u>69</u>	<u>Russell Stafford</u>	<u>✓</u>		
		<u>675</u>	<u>Kei Det</u>	<u>✓</u>		

JOB TYPE Logging HOLE SIZE 5 7/8" HOLE DEPTH 912' CASING SIZE & WEIGHT 2 7/8" EUE  
CASING DEPTH 956 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT In CASING \_\_\_\_\_  
DISPLACEMENT 5.53 bbls DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 200# Gel followed by 5 bbls fresh water, mixed & pumped 125 bbls Pozblend II A cement w/ 2 1/2 gal, 5# Kalseal, & 1# Pheno seal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 5.53 bbls fresh water, pressured to 800 PSI, released pressure to set float valve.

*Handwritten initials/signature*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	1500.00
CE0002	55 mi	MILEAGE	393.25	393.25
CE0711	mi	van mileage	660.00	660.00
WE0853	4 hrs	80 Vac	400.00	400.00
		trucks	2953.25	
		- 35%	1033.64	
		Subtotal		1919.64
18240 CC5842	125 bbls	Pozblend II A cement	1843.75	1843.75
CC5965	315 #	Gel	94.50	94.50
CC6077	625 #	Kalseal	312.50	312.50
CC6079	125 #	Pheno seal	168.75	168.75
CP8776	1	2 1/2" rubber plug	45.00	45.00
		materials	2464.50	
		- 35%	862.58	
		Subtotal		1601.92
<b>SCANNED</b>				
		6.5%	SALES TAX	104.13
			ESTIMATED TOTAL	3625.68
				(5577.94)

Ravin 3737

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.