



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

11608
 11494

TICKET NUMBER 55443
 LOCATION Ottawa, KS
 FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT
 CEMENT

Invoice #81442

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9/17/18	4807	Remn # L0-18	NE 21	30	16	WL
CUSTOMER Lakeshore Operating LLC						
MAILING ADDRESS 340 S. Laura						
CITY Wichita		STATE KS	ZIP CODE 67211			

TRUCK #	DRIVER	TRUCK #	DRIVER
729	CasKen	✓ Safety	Machine
495	HarSec	✓	
804	Ala Mad	✓	
675	KeiCar		

JOB TYPE longstring HOLE SIZE 5 5/8" HOLE DEPTH 997' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 990' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 5.73 bbs DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 100 # Gel followed by 5 bbs fresh water, mixed & pumped 107 sks Pozblend IIA cement w/ 2% gel, 5 # Kalseal + 1 # Phenoseal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 5.73 bbs fresh water, pressured to 800 PSI, released pressure to set float valve.

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ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	
CE0002	55 mi.	MILEAGE	393.25	
CE0711	min	ton mileage	600.00	
WE0853	4 hrs	80 Vac	400.00	
		trucks	2953.28	
		- 35%	1033.64	
		Subtotal		1919.61
CC5842	107 sks	Pozblend IIA cement	1578.25	
CC5965	284 #	Gel	85.20	
CC6077	535 #	Kalseal	267.50	
CC6079	107 #	Phenoseal	144.45	
CP8176	1	2 1/2" rubber plug	45.00	
		materials	2120.40	
		- 35%	742.14	
		Subtotal		1378.26
SCANNED				
		6.5%	SALES TAX	89.59
			ESTIMATED TOTAL	3387.46

Ravin 3737
 AUTHORIZATION _____ TITLE _____ DATE (5211.48)

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.