



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

11916
 1179S

TICKET NUMBER 55517
 LOCATION Alma, KS
 FOREMAN Casey Kennedy
 INVOICE # 81445A

FIELD TICKET & TREATMENT REPORT
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/31/18	4807	Reun # LO-23	NE 21	30	16	WL
CUSTOMER Lakeshore Operating LLC			TRUCK #			
MAILING ADDRESS 340 S. Laura			DRIVER		TRUCK #	
CITY Wichita			DRIVER		TRUCK #	
STATE KS			DRIVER		TRUCK #	
ZIP CODE 67211			DRIVER		TRUCK #	

JOB TYPE longstring HOLE SIZE 5 5/8" HOLE DEPTH 982' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 977' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 5.65 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bph

REMARKS: held safety, meeting, established circulation, mixed + pumped 100 # Gel followed by 5 bbls fresh water, mixed + pumped 116 sks Pozblend IIA cement w/ 2% gel, 5 # Kolsal, + 1# Pheno seal per sk, Cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 5.65 bbls 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	60.00	
WEG853	4 hrs	80 Vac	400.00	
		trucks	2953.25	
		- 30%	885.98	
		Subtotal		2067.27
CC5842	116 sks	Pozblend IIA cement	1711.00	
CC5965	300 #	Gel	90.00	
CC6077	580 #	Kolsal	290.00	
CC6079	116 #	Pheno seal	156.60	
CP8776	1	2 1/2" rubber plug	45.00	
		materials	2292.60	
		- 30%	687.78	
		Subtotal		1604.82
		SALES TAX 6.5%		104.31
		ESTIMATED TOTAL		3776.40
				(5394.87)

SCANNED SCANNED

AUTHORIZATION No Co Rep 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.