



PRESSURE PUMPING LLC

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

2-15-19 J2 vs 2-15-19
API# 15-173-21059-00-00

TICKET NUMBER 54403
LOCATION EL Dardo, KS
FOREMAN Furry - Jacob

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-15-19	8225	Clark #1	15	26S	2	Sebastian
CUSTOMER Urban Oil & Gas Group LLC			TRUCK #			
MAILING ADDRESS 1000 E. 11 th Suite 300			DRIVER		TRUCK #	
CITY Plano			DRIVER		TRUCK #	
STATE TX			DRIVER		TRUCK #	
ZIP CODE 75074			DRIVER		TRUCK #	

JOB TYPE Production HOLE SIZE 7 7/8 HOLE DEPTH 2,400' CASING SIZE & WEIGHT 5 1/2 15.5 #
 CASING DEPTH 3397 DRILL PIPE N/A TUBING N/A OTHER _____
 SLURRY WEIGHT 13.1/lb SLURRY VOL 71.3 WATER gal/sk _____ CEMENT LEFT in CASING 3680
 DISPLACEMENT 80.1 DISPLACEMENT PSI 1350 MIX PSI 300 RATE 6bpm

REMARKS: Safety meeting on CFS hole. Shot casing - Turbulizers #1-3-5-7-9-11-13-15-17-19-21-23. Baskets #10-20, circulate 1Hr with mud for 30 min, pump sbbl water, 500gal Du 1100 sbbl water, mix 225 sks Thixoblend II 5lbs Kalseal 1/2 Thoraco Seal, wash pump and lines, displace plug with 80.1 bbl water landing plug at 1750 psi, check float, float held. Started cement lift at 22.5 bbl, start lift pressure was 300 psi, final lift pressure was 1350, pressure test casing to 2000 psi, plug rat hole with 2.5 sks cement, circulated full

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0452	1	PUMP CHARGE	2300.00	2300.00
CE0002	20 miles	MILEAGE	7.15	143.00
CE0711	1	Ten mileage delivery (min)	660.00	660.00
WE0953	8	80 BBLs Use Truck	100.00	800.00
WE0159	6720	city water	.03	201.60
CE5861	250 sks	Thixoblend II	27.00	6750.00
CE6077	1250 #	Kalseal	.50	625.00
CE6079	125 #	Pheno-seal	1.35	168.75
CE6125	500 gal	Du 1100 - mud flush	.65	325.00
CP3334	1	5 1/2 - Last Man Plug and Assy	900.00	900.00
CP3435	1	5 1/2 - AFU Float shoe	585.00	585.00
CP3651	2	5 1/2 - Reconditioning Bands	360.00	720.00
CP3576	12	5 1/2 - S-Band Turbulizers	110.00	1320.00
CP3750	1	Thread loc	45.00	45.00
		Subtotal		15043.35
				5265.17
				9778.08
			7.5%	SALES TAX 835.52
				ESTIMATED TOTAL 10613.60

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.