

# CEMENT JOB REPORT



Problems Before Job (I.E. Running Casing, Circulating Well, ETC)

C 156 cervo leaking hydraulic fluid. Had to down C156 and get another pump.

Problems During Job (I.E. Lost Returns, Equipment Failure, Bulk Delivery, Foaming, ETC)

C992 did not have steady recirc pressure.

Problems After Job (I.E. Gas at Surface, Float Equipment Failed, ETC)

n/a

EXPLANATION: TROUBLE SETTING TOOL, RUNNING CSG, ETC. PRIOR TO CEMENTING: None

PRESSURE/RATE DETAIL						EXPLANATION	
TIME HR:MIN.	PRESSURE - PSI		RATE BPM	Bbl. FLUID PUMPED	FLUID TYPE	SAFETY MEETING: BJ CREW <input checked="" type="checkbox"/> CO. REP. <input checked="" type="checkbox"/>	
	PIPE	ANNULUS				TEST LINES	4070 PSI
						CIRCULATING WELL - RIG <input checked="" type="checkbox"/> BJ <input type="checkbox"/>	
07:45	0	0	0	0	NONE	Pre Job Rig Up Safety Meeting	
08:30	0	0	0	0	NONE	Job Safety Meeting	
11:20	4070	0	0	0	H2O	Pressure Test	
11:25	1670	0	1.8	10	H2O	Mud Clean II	
11:32	1695	0	1.8	10	H2O	Spacer ( Per Customer )	
11:39	1800	0	1.7	119	CMT	175 sks PLC + 4% Bentonite; .6% Sodium Metasilicate; 8 lbs/sk CSE2	
12:56	1810	0	1.7	1.5	H2O	Displacement	
12:57	0	0	0	0	NONE	Shut down, pull tubing	
13:35	1100	0	2	70	CMT	175 sks PLC + 4% Bentonite; .6% Sodium Metasilicate; 8 lbs/sk CSE2	
14:15	1020	0	1.8	1	H2O	Displacement	
14:20	0	0	0	0	NONE	Stop Service	
14:45	0	0	0	0	NONE	Post Job Rig Down Safety Meeting	
BUMPED PLUG Y <input checked="" type="checkbox"/> N	PSI TO BUMP PLUG	TEST FLOAT EQUIP. Y <input checked="" type="checkbox"/> N	BBL.CMT RETURNS/ REVERSED 2.5	TOTAL BBL. PUMPED 211.5	PSI LEFT ON CSG 0	SPOT TOP OUT CEMENT Y <input checked="" type="checkbox"/> N	Service Supervisor Signature: 



SUPERIOR WELL SERVICES  
SALES AND SERVICE FIELD TICKET

TICKET NO. 45-	004708
SERVICE DATE	14-FEB-2011
TICKET PAGE	1 of 1

0903 Master Field Ticket

CHARGE TO P.D.C.	LEASE NAME OR PROJECT HEINZE 44-29			
ADDRESS	COUNTY WELD	STATE COLORADO		
	FIELD WATTENBERG	WELL PERMIT NUMBER 05123 22341		
OWNER	SERVICE ENGINEER LEROY HOBBS 700 (A)			
PURCHASE ORDER / REFERENCE	JOB TYPE CBL / PERF CODELL ANN FILL	CALLED OUT TIME DATE	ON LOCATION TIME 7:00:530 DATE 2-14	COMPLETED TIME DATE 2-14

SIGNATURE of CUSTOMER OR CUSTOMER'S AGENT

(PLEASE PRINT NAME HERE)

I have read, understood and agreed to the terms and conditions printed on the reverse side hereof which include, but are not limited to, LIMITED WARRANTY, INDEMNITY, RELEASE and PAYMENT and represent that I have full power and authority to execute this agreement.

X Tom Leifer

LOC	PRICE REFERENCE	AMOUNT	DESCRIPTION	UNIT COST	TOTAL COST
45	70 212 0200	1	CBL OPERATION CHRG		700
45	70 214 0200	3550'	CBL DEPTH CHRG	24/PT	700
45	75 805 0065	10	3/8 SIK MINO. CHRG		1500
45	75 815 0065	14	19 GRAM <del>CHRG</del> CHRG	2550	3570
24 TOTAL					
PERFS @ 7085-7095 = 8					
(24 TOTAL SHOTS)					
19 GRAM CHARGE					
.41 EA					
21.28 PEN					
3 SPF					
120' PULSE					
THANK YOU					
SMITH					
FRANK					

CUSTOMER OR AGENT SIGNATURE

X [Signature] 2/14/11 8200-110

I acknowledge that the equipment, materials and services as listed on this filed ticket were received

Unless satisfactory credit terms have been established prior to services payment in advance may be required. All invoices rendered for services performed by Superior Well Services shall be paid as indicated on the invoice within thirty days (30) from date of receipt. If not paid within thirty (30) days the unpaid amount is subject to interest at one and one half percent (1 1/2%) per month (eighteen percent per annum). All discounts indicated on the invoice are based upon payment within the invoice payment term and are subject to being cancelled by Superior Well Services if not paid within terms. If it should be necessary to employ an attorney to collect the amount due you will be held liable for attorneys fees and collection costs. Superior Well Services, price book is incorporated herein by reference, which also contains all invoice payment terms.

Main—White

Customer—Cans "

Field—Pink