



CONSOLIDATED

Oil Well Services, LLC

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

FIELD TICKET & TREATMENT REPORT

CEMENT

TICKET NUMBER 30787

LOCATION Oakley Is

FOREMAN Walt Dinkel

Colorado

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY | | | | | | | | | | | | | | | | | | | | |
|----------------------------------|------------|--------------------|---|-----------------|------------------|---------|---------|--------|---------|--------|-----|------------|--|--|-----|-----|--|--|--|--|--|--|--|--|--|--|
| 3-16-11 | 9160 | Kerry #4 | 20 | 10 ^s | 5.5 [~] | Lincoln | | | | | | | | | | | | | | | | | | | | |
| CUSTOMER Wierking - Fullerton | | | <table border="1"> <thead> <tr> <th>TRUCK #</th><th>DRIVER</th><th>TRUCK #</th><th>DRIVER</th></tr> </thead> <tbody> <tr> <td>463</td><td>miles shaw</td><td></td><td></td></tr> <tr> <td>439</td><td>Tim</td><td></td><td></td></tr> <tr> <td></td><td></td><td></td><td></td></tr> <tr> <td></td><td></td><td></td><td></td></tr> </tbody> </table> | | | | TRUCK # | DRIVER | TRUCK # | DRIVER | 463 | miles shaw | | | 439 | Tim | | | | | | | | | | |
| TRUCK # | DRIVER | TRUCK # | | | | | DRIVER | | | | | | | | | | | | | | | | | | | |
| 463 | miles shaw | | | | | | | | | | | | | | | | | | | | | | | | | |
| 439 | Tim | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MAILING ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY | | STATE | ZIP CODE | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | |
|---------------|--------------|------------------|--------|--------------|------|-----------------------|--------------|
| JOB TYPE | Sur Face = 0 | HOLE SIZE | 12 1/4 | HOLE DEPTH | 330' | CASING SIZE & WEIGHT | 8 5/8 - 23 # |
| CASING DEPTH | 330' | DRILL PIPE | | TUBING | | OTHER | |
| SLURRY WEIGHT | 15.2 | SLURRY VOL | | WATER gal/sk | | CEMENT LEFT in CASING | 15 - 20' |
| DISPLACEMENT | 19 1/2 | DISPLACEMENT PSI | | MIX PSI | | RATE | 5 BPM |

REMARKS: Safety meeting, rig up to casing to drive.
Mix 250 sks con 3% acc - 2% tal, 1/4 #Elo-Seal
Displace 19 1/2 BBL H₂O @ 250# shot in

Cement Dill Cure

Thank You
Walt & Crew

[illegible]

avin 3737

AUTHORIZATION

Berney Smith

TITLE (20-Mans)

DATE 3/16/11

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



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

W.D.
K.G.
A.S.

TICKET NUMBER 30731

LOCATION Oakley Ks

FOREMAN Walt Dunkel

FIELD TICKET & TREATMENT REPORT CEMENT

Col 2

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|--------------------------------|------------|--------------------|----------|-----------------|-----------------|---------|
| 4-7-11 | 9160 | Kerry #4 | 20 | 10 ^s | 55 ^w | Lincoln |
| CUSTOMER Weipking Fullerton | | | | | | |
| MAILING ADDRESS | | | | | | |
| CITY | | STATE | ZIP CODE | | | |

| TRUCK # | DRIVER | TRUCK # | DRIVER |
|----------|--------------|---------|--------|
| 456-T118 | Chad Smith | | |
| 528-T122 | Kelly Gable | | |
| | Domin Miller | | |

| | | | | | | | |
|---------------|---------|------------------|-------------|--------------|-------|-----------------------|--|
| JOB TYPE | PTA - 0 | HOLE SIZE | 7 7/8 | HOLE DEPTH | 7950' | CASING SIZE & WEIGHT | |
| CASING DEPTH | | DRILL PIPE | 4 1/2 x 4.1 | TUBING | | OTHER | |
| SLURRY WEIGHT | | SLURRY VOL | | WATER gal/sk | | CEMENT LEFT in CASING | |
| DISPLACEMENT | | DISPLACEMENT PSI | | MIX PSI | | RATE | |

REMARKS: Safety Meeting, Plug as ordered

40 SKS @ 7210'

40 SKs @ 7030'

275 SKs com

40 SKS @ 6860'

40 sks @ 4600'

40852 39.50'

50 SK @ 328.

15' sks @ surface

5 SKs in RH. 5 SKs in LH.

Thank You!

Wolf + crew

[illegible]

Rayin 3737

| | |
|------------------|--|
| SALES TAX | |
| <u>ESTIMATED</u> | |
| TOTAL | |

AUTHORIZTION

TITLE

Tool Box

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.