



Bison Oil Well Cementing Single Cement Surface Pipe

Date: 11/21/2016
Invoice #: 900001
API#: 445564
Foreman: JASON

Customer: Renegade

Well Name: MYERS 12-3

County: ELBERT

State: Colorado

Sec: 3

Twp: 6S

Range: 63W

Consultant: ED

Rig Name & Number: TOBY

Distance To Location: 82

Units On Location: 4027, 3103

Time Requested: 900

Time Arrived On Location: 900

Time Left Location: 1145

WELL DATA

Casing Size OD (in) : 2.875
Casing Weight (lb) : 4.53
Casing Depth (ft.) : 6,300
Total Depth (ft) : 7150
Open Hole Diameter (in.) : 4.50
Conductor Length (ft) : 0
Conductor ID : 0
Shoe Joint Length (ft) : 10
Landing Joint (ft) : 0

Max Rate:

Max Pressure:

Cement Data

Cement Name: BFN III
Cement Density (lb/gal) : 15.2
Cement Yield (cuft) : 1.27
Gallons Per Sack: 5.89
% Excess: 0%
Displacement Fluid lb/gal: 8.3
BBL to Pit: 15.0
Fluid Ahead (bbls): 33.0
H2O Wash Up (bbls): 20.0

Spacer Ahead Makeup

Casing ID

2.563

Casing Grade

J-55 only used

Calculated Results

cuft of Shoe 0.36 cuft

(Casing ID Squared) X (.005454) X (Shoe Joint ft)

cuft of Conductor 0.00 cuft

(Conductor Width Squared) - (Casing Size OD Squared) X (.005454) X (Conductor Length ft)

cuft of Casing 411.79 cuft

(Open Hole Squared) - (Casing Size Squared) X (.005454) X (Casing Depth - Conductor Length)

Total Slurry Volume 412.14 cuft

(cuft of Shoe) + (cuft of Conductor) + (cuft of Casing)

bbls of Slurry 22.60 bbls

(Total Slurry Volume) X (.1781)

Sacks Needed 100 sk

(Total Slurry Volume) ÷ (Cement Yield) X (% Excess Cement)

Mix Water 14.02 bbls

(Sacks Needed) X (Gallons Per Sack) ÷ 42

Displacement: 36.00 bbls

(Casing ID Squared) X (.0009714) X (Casing Depth + Landing Joint - Shoe Joint)

Pressure of cement in annulus

Hydrostatic Pressure: 4974.48 PSI

Pressure of the fluids inside casing

Displacement: 2712.13 psi

Shoe Joint: 7.90 psi

Total 2720.03 psi

Differential Pressure: 2254.45 psi

Collapse PSI: #N/A psi

Burst PSI: #N/A psi

Total Water Needed: 103.02 bbls

X 
Authorization To Proceed

Customers hereby acknowledges and specifically agrees to the terms and condition on this work order, including, without limitation, the provisions on this work order.



INVOICE #	LOCATION	FOREMAN	Date
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90000	ELBERT	JASON	11/21/2011
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Customer
Well Name

Renegade
MYERS 12-3

Treatment Report Page 2

DESCRIPTION OF JOB EVENTS

[illegible]

✕

Work Performed

Owner/President

✕

Title

x 11/21/2014

Date _____

MYERS 12-3 SQUEEZE

