

SKYY DRILLING LLC

DAILY DRILLING REPORT

OPERATOR Haas Petroleum, LLC DATE 20 14
 LEASE NAME Phillips LOCATION 1125 (FEL) FWL 1975 (ESL) FNL

(FROM SECTION LINE)

WELL NO. 6HP RIG NO. _____ SEC. 14 TWP 16 RA 21 COUNTY Miami

FORMATION	FROM	TO	FIRST TOWER:	HOURS WORKED
clay	0	5	DRILLER: _____	
lime	5	17	TOOL DRESSER: _____	
shak	17	20	REMARK: _____	
Black shak	20	22	lime	309 - 316
lime	22	32	shak	316 - 320
shak	32	35	Black slate	320 - 322
lime	35	40	lime	322 - 332
shak	40	60	Black slate	332 - 340
lime	60	62	shak	340 - 400
shak	62	80	Big shak	400 - 520
lime	80	100	Black shak	520 - 535
shak	100	120	shak	535 - 540
	120	124	lime	540 - 550

FORMATION	FROM	TO	SECOND TOWER:	HOURS WORKED
lime	124	184	DRILLER: _____	
shak	184	186	TOOL DRESSER: _____	
lime	186	190	REMARK: _____	
shak	190	200	shak	550 - 565
lime	200	240	lime	565 - 567
shak	240	250	shak	567 - 590
lime	250	260	lime	590 - 654
shak	260	270	oil sand	654 - 661
lime	270	280	white lime - no oil	661 - 663
shak	280	290	oil sand	663 - 673
lime	290	295	shak	673 - 720
shak	295	297		720 TD
lime	297	305		
shak	305	309		



CONSOLIDATED
Oil Well Services, LLC

268696

TICKET NUMBER 47215

LOCATION Atawa, KS

FOREMAN Casper Kennedy

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6/3/14	3451	Phillips # 6-HP	NE 14	16	21	MI
CUSTOMER <u>Haar Petroleum</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>11551 Ash St Suite 205</u>			<u>729</u>	<u>Casper</u>	<input checked="" type="checkbox"/>	<u>Safety Meeting</u>
CITY <u>Leawood</u>	STATE <u>KS</u>	ZIP CODE <u>66211</u>	<u>666</u>	<u>Garth</u>	<input checked="" type="checkbox"/>	
			<u>510</u>	<u>Art</u>	<input checked="" type="checkbox"/>	
			<u>370</u>	<u>Keith</u>	<input checked="" type="checkbox"/>	

JOB TYPE Longstring HOLE SIZE 5 5/8" HOLE DEPTH 720' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 708' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 4.10 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 200 # Premium Gel followed by 10 bbls fresh water, mixed & pumped 102 # Premium cement w/ 2% gel to st, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 4.10 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00 ✓
5406	20 mi	MILEAGE		84.00 ✓
5402	708'	casing footage		
5407	minimum	top mileage		368.00 ✓
5502C	2 hrs	80 vac		200.00 ✓
1124	102 sts	5950 Pozmix cement	1173.00 ✓	
118B	371 #	Premium Gel	81.62 ✓	
		materials	1254.02	
		- 30%	376.39	
		Subtotal		878.23 ✓
4402	1	2 1/2" rubber plug		29.50 ✓
			<input checked="" type="checkbox"/>	completed
			3119.35	
		7.65%	SALES TAX	69.44 ✓
			ESTIMATED TOTAL	2714.17 ✓

Flavin 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.