

Skyy Drilling, L.L.C.
11551 Ash Street, Suite # 205
Leawood, Kansas 66211
Office (913) 499-8373
Fax (913) 766-1310

March 6, 2015

Company: Haas Petroleum, LLC
11551 Ash Street, # 205
Leawood, Kansas 66211

Lease: East Lidikay – Well # 19 I HP
County: Franklin
Spot: NW SE NE SE4 of Sec 4, Twp 16, R 21 E
API: 15-059-26915-00-00
Spud: February 27, 2015
TD: 780'

2/27/15: Set 20' of 7" – Cemented with 5 sacks
3/3/15: Drilled from 20' to 780' TD. Ran 760' of 2 7/8 casing
3/3/15: Cemented with 118 sacks.

TOTAL DUE: \$5,500.00



CONSOLIDATED
Oil Well Services, LLC

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

23311
72262
INVOICE # 803622

TICKET NUMBER 50840
LOCATION ottawag
FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-4-15	3451	E. Lidi Kay 197-HA	SE 4	16	21	Jr
CUSTOMER Haas Petroleum			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 21551 Ash St Ste			730	Ala Mad	Safety	Meet
CITY Leawood			368	Ar McD		
STATE KS			370	Mik Fox		
ZIP CODE 66611			510	Brubir		

JOB TYPE longstring HOLE SIZE 5 7/8 HOLE DEPTH 780 CASING SIZE & WEIGHT 2 1/2
CASING DEPTH 760 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
DISPLACEMENT 4.4 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 b pm

REMARKS: Hold meeting. Established rate. Mixed & pumped 100# gel followed by 98 SK 50/150 cement plus 2% gel. Circulated cement. Flushed pump. Pumped plus to casing TD. Well held 800 PSI for 30 minute MIT. Set float.

Skyy Drilling

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE 368 8% discount	1085.00	998.20
3406	15	MILEAGE 368		103.00
5402	760'	Casing footage 368		
5407	Mi	Ton miles 510		368.00
5502C	1 1/2	80 GAL 370		150.00
1127	98	50/150 cement	1127.00	
1118B	265 #	gel	58.30	
		material sub	1185.30	
		less 30%	355.59	
		Material total		829.71
4402	1	2 1/2 plus		29.50
			7.65	
		SALES TAX		65.23
		ESTIMATED TOTAL		2504.14

completed

NO company rep
Jim Okd

AUTHORIZATION _____ TITLE _____ DATE 2 9 15 73

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.