

1251329



Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Skyy Drilling, L.L.C.
11551 Ash Street, Suite # 205
Leawood, Kansas 66211
Office (913) 499-8373
Fax (913) 766-1310

March 17, 2015

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

Lease: East Lidikay – Well # 29 HP
County: Franklin
Spot: NE NW SE SE of Sec 4, Twp 16, R 21 E
API: 15-059-26937-00-00
Spud: March 15, 2015
TD: 760'

3/15/15: Set 20' of 7" – Cemented with 5 sacks
3/27/15: Drilled from 20' to 760' TD. Ran 749' of 2 7/8 casing
3/27/15: Cemented with 102 sacks.

TOTAL DUE: \$5,500.00



CONSOLIDATED
Oil Well Services, LLC

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

2530
2/16/08

Invoice # 88830
FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 50904
LOCATION Ottawa KS
FOREMAN Fred Maden

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-27-15	3451	E Lidikay #29-HP	SE 4	16	21	FR
CUSTOMER Haas Petroleum LLC			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 21551 Ash St Ste 205			712	Fred Maden		
CITY Leawood			495	Nor Bac		
STATE KS			369	Mik Haa		
ZIP CODE 66211			510	Al McD		

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 760' CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 749' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 4.35 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Hold safety meeting. Establish circulation. Mix + Pump 100# Gel
Flush. Mix + Pump 102 sks 50/50 Por Mix Cement 30% Gel.
Cement to surface. Flush pump + lines clean. Displace 2 1/2"
rubber plug to casing top. Pressure to 800 # PSI. Release
pressure to set float valve. Shut in casing.

Slippy Drilling.

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085.00
5406	-	MILEAGE	N/C	
5402	749	Casing footage	N/C	
5407	1/2 Minimum	Ten Miles	510	184.00
5502c	1hr	80 Bbl Vac Truck	369	100.00
		Sub Total		1369.00
		Less 10%		-136.90
				1232.10
1284	102 SKS	50/50 Por Mix Cement	1173.00	1197.66
1118B	272#	Premium Gel	59.84	163.20
		Material		1232.84
		Less 30%		-369.85
		Total		862.99
4402	1	2 1/2" Rubber Plug.		29.20
				892.19
		7.65% Tax		68.28
		SALES TAX		105.28
		ESTIMATED TOTAL		2192.87

Ravin 3737

AUTHORIZATION [Signature]

TITLE _____

DATE 2/27/08

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.