



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1071391

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

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

INSTRUCTIONS: Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

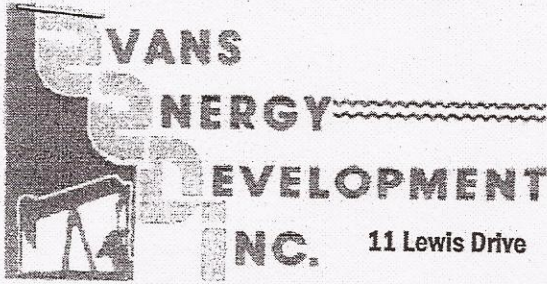
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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11 Lewis Drive

Paola, KS 66071

Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

Pharyn Resources, LLC

Longanecker #26

API # 15-091-23,442

May 24 - May 27, 2011

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
7	soil & clay	7
6	sandstone	13
6	shale	19
66	sandstone	85
1	lime	86
9	shale	95
10	lime	105
6	shale	111
14	lime	125
10	shale	135
9	lime	144
7	shale	151
8	lime	159
6	shale	165
7	lime	172
17	shale	189
21	lime	210
10	shale	220
16	lime	236
19	shale	255
22	lime	277
14	shale	291
7	lime	298
2	shale	300
2	lime	302
15	shale	317
11	lime	328
10	shale	338
2	lime	340
3	shale	343
6	lime	349
46	shale	395
14	lime	409
9	shale	418
24	lime	442
190	shale	632
3	lime	635
3	shale	638

2	lime	640
8	shale	648
18	lime	666
5	shale	671
7	lime	678
33	shale	711
23	lime	734
60	shale	794
6	broken sand	800 brown sand, lite bleeding, 60% broken sand, 40% silty shale
14	shale	814
6	lime	820
12	shale	832
5	lime	837
32	shale	869
5	grey sand	874
42	shale	916
1	broken sand	917
1	oil sand	918
4	broken sand	922
8	silty shale	930
45	shale	975 TD

Drilled a 9 7/8" hole to 87.3'

Drilled a 5 5/8" hole to 975'

Set 87.3' of 7" surface casing cemented by Consolidated Oil Service.

Set 963' of 2 7/8" threaded and coupled 8 round upset tubing including 3 centralizers, 1 float shoe, 1 clamp.



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 31969
LOCATION Ottawa KS
FOREMAN Fred Mader

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
5/27/11	6337	Longanacker # 26	NW 30	14	22	JO
CUSTOMER Pharvn Resources LLC			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 15621 W 87th St Ste 262			506	Fred	Safety mty	
CITY Lenexa	STATE KS	ZIP CODE 66219	495	Cassy	CIC	
			370	Artem	ARM	
			503	GarMOO	GM	

JOB TYPE hang string HOLE SIZE 5 7/8 HOLE DEPTH 975' CASING SIZE & WEIGHT 2 1/8 EUE
CASING DEPTH 962' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
DISPLACEMENT 5.6 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5BPM

REMARKS: Establish circulation, Mix + Pump 300# Premium Gel Flush,
Mix + Pump 151 SKS 50/50 Por Mix Cement 2% Gel 1/2# Pheno
Seal/sk. Cement to surface. Flush pump + lines clean + Displace
2- 2 1/2" Rubber plug to casing TD w/5.6 BBL Fresh water. Pressure
to 750# PSI. Release pressure to set float valve, shut in
casing.

Evans Energy Dev. Inc

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975 ⁰⁰
5406	30 mi.	MILEAGE		120 ⁰⁰
5402	962.	Casing footage		N/C
5407	1/2 Minimum	Ton Miles		165 ⁰⁰
5502C	2 1/2 hrs	80 BBL Vee Truck		225 ⁰⁰
1124	152 SKS	50/50 Por Mix Cement		1577 ⁹⁵
1118B	554#	Premium Gel		110 ⁵⁰
1107A	76#	Pheno Seal		927 ²
4402	2.	2 1/2" Rubber Plugs		56 ⁰⁰
		<u>WO #241630</u>		
			7.525%	SALES TAX
				ESTIMATED
				TOTAL
				138 ²⁷
				3460 ⁷⁴

Ravin 3737

AUTHORIZATION Tracy 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