



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
-----------------------------------	-----------------	---

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: _____



1071564

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
---	---

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				

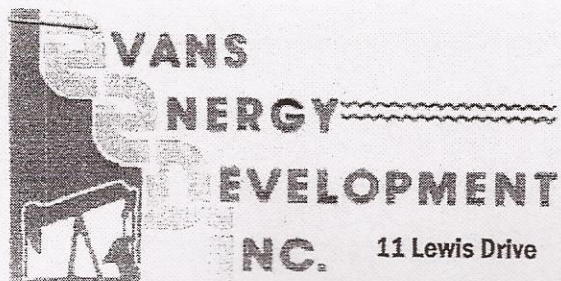
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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
-----------------------------------	-----------	---------	-------------	---------------	---------

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: _____ _____
---	---	--



Oil & Gas Well Drilling
 Water Wells
 Geo-Loop Installation

11 Lewis Drive Paola, KS 66071

Phone: 913-557-9083
 Fax: 913-557-9084

WELL LOG
 Pharyn Resources, LLC
 Longanecker #29
 API # 15-091-23,445
 June 2 - June 3, 2011

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
10	soil & clay	10
5	sandstone	15
7	shale	22
60	sandstone	82
3	lime	85
8	shale	93
7	lime	100
6	shale	106
21	lime	127
3	shale	130
8	lime	138
17	shale	155
15	lime	170
13	shale	183
14	lime	197
6	shale	203
2	lime	205
10	shale	215
12	lime	227
23	shale	250
20	lime	270
16	shale	286
9	lime	295
18	shale	313
4	lime	317
13	shale	330
17	lime	347
34	shale	381
21	lime	402
7	shale	409
21	lime	430
5	shale	435
2	lime	437
8	shale	445
5	lime	450 base of the Kansas City
172	shale	622

6	lime	628
12	shale	640
3	lime	643
26	shale	669
5	broken sand	674
22	shale	696
2	lime	698
53	shale	751
10	lime	761
127	shale	888
10	lime	898
5	shale	903
1	broken sand	904 good bleeding, 80% bleeding sand 20% silty shale
4	oil sand	908
3	broken sand	911 good bleeding, laminated
4	silty shale	915
60	shale	975 TD

Drilled a 9 7/8" hole to 84.6'

Drilled a 5 5/8" hole to 975'

Set 84.6' of 7" surface casing cemented by Consolidated Oil Well Service.

Set 962.5' of 2 7/8" threaded and coupled 8 round upset tubing including 4 centralizers, 1 float shoe, 1 clamp.



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 31992

LOCATION Ottawa KS

FOREMAN Fred Maden

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
6/3/11	6337	Longaneer # 29	NW 30	14	22	JO
CUSTOMER Pharyn Resources LLC			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 15621 W 87th Ste 262			506	Fred	Safety Mfg	
CITY Lenexa Ks			368	Ken	KM	
STATE KS			370	Arden	ARM	
ZIP CODE 66219			510	Cecil	CHP	

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 975' CASING SIZE & WEIGHT 2 1/2 BUE
 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 4 BPM

REMARKS: Establish circulation. Mix + Pump 100# Premium Gel Flush
 Mix + Pump 130 SKS 50/50 Poz Mix Cement 2% Gel 1/2#
 Pheno Seal / SK Cement to surface. Flush pump & lines
 clean. Displace 2-2 1/2" Rubber plugs to casing TD at 5.6 BBL
 Fresh water. Pressure to 800# PSI. Release pressure to
 set float valve. Shut in casing.

Evans Energy Dev. Inc.

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975.00
5406	30mi	MILEAGE		120.00
5402	962'	Casing footage		N/C
5407	1/2 minimum	Ton Miles		165.00
5502E	2 hrs	80 BBL Vac Truck		180.00
1124	130	50/50 Poz Mix Cement		1358.00
115B	319#	Premium Gel		63.00
1107A	65#	Pheno Seal		79.30
4402	2	2 1/2" Rubber Plugs		56.00
		WO# 241759		
		7.525%	SALES TAX	117.21
			ESTIMATED TOTAL	3114.21

SCANNED

Revin 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.