



KANSAS CORPORATION COMMISSION 1071567
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

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 Date Reached TD Completion Date or
Recompletion Date 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: _____



1071567

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				

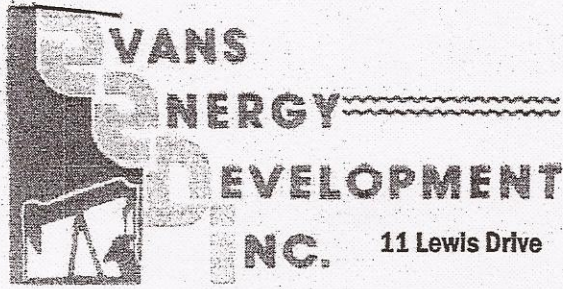
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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) (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 #-17

API # 15-091-23,439

May 18 - May 24, 2011

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
6	soil & clay	6
7	shale	13
6	sandstone	19 water
10	shale	29
39	sandstone	68
1	limey sand	69
14	sandstone	83
4	shale	87
1	lime	88
23	shale	111
17	lime	128
7	shale *	135
10	lime	145
15	shale	160
12	lime	172
18	shale	190
23	lime	213
11	shale	224
11	lime	235
20	shale	255
23	lime	278
15	shale	293
10	lime	303
17	shale	320
8	lime	328
8	shale	336
12	lime	348
44	shale	392
19	lime	411
6	shale	417
29	lime	446
7	shale	453
2	lime	455
181	shale	636
8	lime	644
5	shale	649
5	lime	654
11	shale	665

9	lime	674
12	shale	686
6	lime	692
11	shale	703
5	lime	708
4	shale	712
6	lime	718
54	shale	772
5	oil sand	777 brown, lite bleeding, good odor
136	shale	913
2	oil sand	915
3	broken sand	918 good bleeding, 60% bleeding sand, 40% silty shale
4	silty shale	922
8	shale	930
0.5	coal	930.5
49.5	shale	980 TD

Drilled a 9 7/8" hole to 89.2'

Drilled a 5 5/8" hole to 980'

Set 89.2' of 7" surface casing cemented by Consolidated Oil Well Service.

Set 959.5' 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 31964

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
5/23/11	6337	Langanacker I-17	NW 30	14	22	JO
CUSTOMER Pharyn Resources LLC			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 15621 W 87 th St. Ste 262			506	Fred	Safety	Wkg
CITY Lenexa	STATE KS	ZIP CODE 66219	368	Harold	HJB	
			370	Arlen	ARM	
			548	Cecil	CHP	

JOB TYPE Leagstray HOLE SIZE 5 7/8 HOLE DEPTH 980 CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 960' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2' Plug
 DISPLACEMENT 5.58 DISPLACEMENT PSI _____ MIX PSI _____ RATE 48PM

REMARKS: Wash down App. 450' casing Pump 100* Gel. Circulate around
From pit. Pump 100* Premium Gel. Circulate around from pit. Lay down
Rig + Mix + Pump 100* Premium Gel Flush. Mix + Pump 60 SKS Cement
Deck engineer on Pump Truck quit. Attempts to Flush cement
From well from pit. Lost circulation. Pumped pit dry.
Pull Rig back over well + Pull 2 7/8" casing. Redrill w/ drill pipe + Bit
to 960' Mix + Pump 20 SKS Premium Gel to get hole thru drill pipe
Pull drill pipe. Run 2 7/8" casing to 640'. Circulate Gelled
water from pit to condition hole. - see attached photo.

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	960	Casing Footage		N/C
5407	Minimum	Ton Miles		330 ⁰⁰
5502	8 hrs	80 BBL Vac Truck		720 ⁰⁰
5609	4 hrs	Pump Truck - (wash casing + condition hole)		800 ⁰⁰
1124	165 SKS	50/50 Por Mix Cement		1724 ³⁵
1118B	2.828*	Premium Gel		565 ⁶⁰
1107A	83#	Pheno Seal		101 ³⁶
4402	2	2 1/2" Rubber Plug		56 ⁰⁰
		NO# 2411601		
			7.5257%	SALES TAX
				ESTIMATED TOTAL
				184 ¹⁴
				5,576 ³⁵

Ravin 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