

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

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 # 34349
Name: Pharyn Resources, LLC
Address 1: 15621 W 87TH ST
Address 2: STE 262
City: Lenexa State: KS Zip: 66219 + _____
Contact Person: Phil Frick
Phone: (913) 221-5987

CONTRACTOR: License # 32079 **RECEIVED**
Name: John E. Leis **DEC 23 2010**
Wellsite Geologist: None **KCC WICHITA**
Purchaser: Coffeyville Resources

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 #: _____

6/25/2010	6/25/2010	6/25/2010
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 107-24184-0000

Spot Description: _____

~~SW~~ NW SW NW Sec. 30 Twp. 20 S. R. 22 East West

3,457 Feet from North / South Line of Section

4,946 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Linn

Lease Name: Brownrigg Well #: 53

Field Name: Goodrich-Parker

Producing Formation: Squirrel

Elevation: Ground: 921 est Kelly Bushing: NA

Total Depth: 601.0' Plug Back Total Depth: 598.0'

Amount of Surface Pipe Set and Cemented at: 23.0 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 598.0

feet depth to: surface w/ 64 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 #: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: Phil Frick

Title: Agent Date: 12/10/10

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: TLG Date: 1/4/11

Operator Name: Pharyn Resources, LLC Lease Name: Brownrigg Well #: 53

Sec. 30 Twp. 20 S. R. 22 East West County: Linn

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 Yes No
(Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No

Electric Log Submitted Electronically Yes No
(If no, Submit Copy)

Log Formation (Top), Depth and Datum Sample

Name Top Datum
Squirrel 534.0 +387

List All E. Logs Run:

Gamma Ray/Neutron/CCL

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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
Surface	9 7/8"	7"	NA	23.0'	Portland	8	NA
Production	5 5/8"	2 7/8"	NA	598.0'	50/50 Poz	64	See Service Ticket

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				

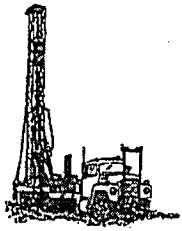
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
2 spf	534.0-539.0 - 11 perfs - 2" DML RTG	Spot 75 gallons 15% HCL acid	At Perfs
2 spf	542.0-548.0 - 13 perfs - 2" DML RTG	80 bbls City H2O	"
2 spf	558.0-571.0 - 28 perfs - 2" DML RTG	300# 20/40 Brady Sand	"
		1700# 12/20 Brady Sand	"

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

Date of First, Resumed Production, SWD or ENHR. 8/4/10 Producing Method: Flowing Pumping Gas Lift Other (Explain) _____

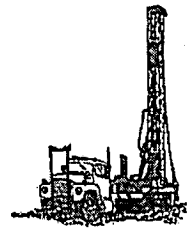
Estimated Production Per 24 Hours: Oil Bbls. 1.0 Gas Mcf NA Water Bbls. NA Gas-Oil Ratio _____ Gravity _____

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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LEIS OIL SERVICES

111 East Mary • Yates Center, Kansas 66783 • (620) 625-3676



Operator License #: 34349		API #: 15-107-24184-00-00	
Operator: Phayrn Resources, LLC.		Lease: Brownrigg	
Address: 15621 W. 87 th Lenexa, KS		Well #: 53	
Phone: 913-669-2253		Spud Date: 06/25/10 Completed: 06/25/10	
Contractor License: 32079		Location: SW-NW-SW-NW of 30-20-22E	
T.D. : 601	T.D. of Pipe: 598	3470	Feet From South
Surface Pipe Size: 7"	Depth: 23'	4960	Feet From East
Kind of Well: Oil		County: Linn	

Set 23' of 7" surface casing, cemented to surface with 8sx Portland Cement

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
8	Soil	0	8	3	Lime	478	481
4	Shale	8	12	16	Shale	481	497
3	Gravel	12	15	2	Lime	497	499
26	Shale	15	41	36	Shale	499	533
7	Lime	41	48	14	Good Oil Sand	533	547
7	Shale	48	55	3	Shale	547	550
37	Lime	55	92	3	Good Oil Sand	550	553
2	Shale	92	94	3	Sandy Shale	553	556
4	Black Shale	94	98	7	Oil Sand	556	563
5	Lime	98	103	4	Sandy Shale	563	567
2	Shale	103	105	4	Oil Sand	567	571
19	Lime	105	124	30	Shale	571	601
3	Black Shale	124	127				
5	Lime	127	132				
2	Shale	132	134		T.D.		601
6	Lime	134	140				
167	Shale	140	307		T.D. of Pipe		598
15	Lime	307	322				
3	Shale	322	325				
10	Lime	325	335				
55	Shale	335	390				
19	Lime	390	409				
6	Shale	409	415				
4	Lime	415	419				
30	Shale	419	449				
9	Lime	449	458				
16	Shale	458	474				
1	Lime	474	475				
3	Shale	475	478				

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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 26978
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
6/25/10	6337	Brownrigg #53	NW 30	20	22	LN
CUSTOMER Pharyn Resources LLC			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 15621 W 87th St 262			506	Fred	Safety Mtg	
CITY Lenexa			368	Ken	KH	
STATE KS			370	Arden		
ZIP CODE 66219			548	Tim		

JOB TYPE Logstring HOLE SIZE 5 7/8 HOLE DEPTH 601 CASING SIZE & WEIGHT 2 7/8 EOE
CASING DEPTH 598' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 7/8" Plug
DISPLACEMENT 3.5 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Establish circulation. Mix & Pump 100* Premium Gel
Flush Mix & Pump 64 SKS 50/50 Poz Mix Cement
2 7/8" Gel Cement to Surface. Flush pump & lines clean.
Displace 2 7/8" Rubber Plug to casing TD w/ 3.5 BBL
Fresh water. Pressure to 600* PSI. Release pressure
to set float valve. Shut in casing.

Fred Maden

J Heis Drilling

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE <u>Cement Pump</u>		900 ⁰⁰
5406	40 mi	MILEAGE <u>Pump Truck</u>		142 ⁰⁰
5402	598'	<u>Casing Footage</u>		N/C
5407	Minimum	<u>Ton Miles</u>		305 ⁰⁰
5502C	2 hrs	<u>80 BBL Vac Truck</u>		192 ⁰⁰
1124	63 SKS	<u>50/50 Poz Mix Cement</u>		601 ⁶⁵
1188B	208 ⁰⁰	<u>Premium Gel</u>		4160
4402	1	<u>2 7/8" Rubber Plug</u>		23 ⁰⁰
				5.3%
				SALES TAX
				ESTIMATED TOTAL
				3531
				2240 ⁵⁶

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DEC 23 2010
KCC WICHITA

WO# 234997

Ravin 3737

AUTHORIZATION Fred Kamei

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.