

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
Name: John E. Leis
Wellsite Geologist: None
Purchaser: Coffeyville Resources

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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 #: _____
7/02/2010 7/02/2010 7/02/2010
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 107-24186-0000
Spot Description: _____
SW NE SW NW Sec. 30 Twp. 20 S. R. 22 East West
3,510 Feet from North / South Line of Section
4,407 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Linn
Lease Name: Brownrigg Well #: 55
Field Name: Goodrich-Parker
Producing Formation: Squirrel
Elevation: Ground: 922 est Kelly Bushing: NA
Total Depth: 597.0' Plug Back Total Depth: 593.0'
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: 593.0
feet depth to: surface w/ 65 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: DJG Date: 1/4/11

Operator Name: Pharyn Resources, LLC Lease Name: Brownrigg Well #: 55
 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 526.0 +396

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	593.0'	50/50 Poz	65	See Service Ticket

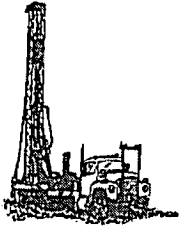
ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

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	526.0-536.0 - 21 perms - 2" DML RTG	Spot 75 gallons 15% HCL acid	At Perfs
2 spf	538.0-542.0 - 9 perms - 2" DML RTG	117 bbls City H2O	"
2 spf	551.0-556.0 - 11 perms - 2" DML RTG	300# 20/40 Brady Sand	"
2 spf	560.0-564.0 - 9 perms - 2" DML RTG	3200# 12/20 Brady Sand	"

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

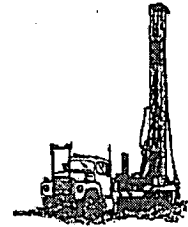
Date of First, Resumed Production, SWD or ENHR. 8/5/10
 Producing Method: Flowing Pumping Gas Lift Other (Explain) _____
 Estimated Production Per 24 Hours: Oil Bbls. 1.5 Gas Mcf NA Water Bbls. NA Gas-Oil Ratio _____ Gravity _____

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. (Submit ACO-5) <input type="checkbox"/> Commingled (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 #: 15-107-24186-00-00	
Operator: Phayrn Resources, LLC.		Lease: Brownrigg	
Address: 15621 W. 87 th Lenexa, KS		Well #: 55	
Phone: 913-669-2253		Spud Date: 07/02/10 Completed: 07/02/10	
Contractor License: 32079		Location: SW-NE-SW-NW of 30-20-22E	
T.D. : 597	T.D. of Pipe: 593	3470	Feet From South
Surface Pipe Size: 7"	Depth: 23'	4300	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
6	Soil	0	6	2	Lime	467	469
8	Clay	6	14	2	Shale	469	471
2	Gravel	14	16	2	Lime	471	473
22	Shale	16	38	12	Shale	473	485
9	Lime	38	47	7	Lime	485	492
6	Shale	47	53	4	Black Shale	492	496
37	Lime	53	90	18	Shale	496	514
6	Shale	90	96	3	Shale w/ Sand	514	517
25	Lime	96	121	4	Shale	517	521
4	Shale	121	125	4	Shale w/ Sand	521	525
3	Lime	125	128	13	Oil Sand	525	538
3	Shale	128	131	1	Shale	538	539
7	Lime	131	138	5	Oil Sand	539	544
2	Shale	138	140	6	Shale w/ Sand	544	550
1	Lime	140	141	6	Oil Sand	550	556
163	Shale	141	304	5	Shale	556	561
10	Lime	304	314	3	Sand	561	564
5	Shale	314	319	33	Shale	564	597
2	Lime	319	321				
2	Shale	321	323				
9	Lime	323	332				
50	Shale	332	382		T.D.		597
19	Lime	382	401		T.D. of Pipe		593
8	Shale	401	409				
4	Lime	409	413				
2	Black Shale	413	415				
28	Shale	415	443				
8	Lime	443	451				
16	Shale	415	467				

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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 26969
LOCATION Ottawa
FOREMAN Alan M

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
7-2-10	6337	Brownrigg #35	NW 30	2D	22	LN
CUSTOMER <u>Pharos Resources</u>						
MAILING ADDRESS <u>15621 W 87</u>						
CITY <u>Lenexa</u>		STATE <u>KS</u>	ZIP CODE <u>66219</u>			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			<u>576</u>	<u>Alan M</u>	<u>Safety Meeting</u>	<u>Meeting</u>
			<u>164</u>	<u>Arten Maffin</u>		
			<u>369</u>	<u>Chuck</u>		
			<u>510</u>	<u>Tim W</u>		

JOB TYPE Longstring HOLE SIZE 5 5/8 HOLE DEPTH 597 CASING SIZE & WEIGHT 2 7/8
CASING DEPTH 593 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
DISPLACEMENT 3.4 DISPLACEMENT PSI 800 MIX PSI 100 RATE 4 bpm

REMARKS: Held crew meeting. Established rate. Mixed & pumped 100# gel to flush hole followed by 65 sk 50/150 #02 27 gel. Air circulated cement. Flushed pump. Pumped 2 rubber plugs to casing TD. Well held 800 PSI. Set float. Closed valve.

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		925.00
5406		MILEAGE		
3702	593	Casing footage		
5427	1/2 min	ten miles		157.50
5502C	1	80 gal		100.00
1118B	209#	gel		41.80
1124	64	50/150 #02		629.76
4402	2	2 1/2 plugs		46.00
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			WD # 235163	
			6.3%	
			SALES TAX	45.20
			ESTIMATED TOTAL	1945.26

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.