

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

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SLOW
 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 #: _____
7/19/2010 7/19/2010 7/19/2010
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 107-24188-0000
Spot Description: _____
NE SW SW NW Sec. 30 Twp. 20 S. R. 22 East West
3,241 Feet from North / South Line of Section
4,762 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Linn
Lease Name: Brownrigg Well #: 57
Field Name: Goodrich-Parker
Producing Formation: Squirrel
Elevation: Ground: 910 est Kelly Bushing: NA
Total Depth: 601.0' Plug Back Total Depth: 598.0'
Amount of Surface Pipe Set and Cemented at: 22.0 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/ 73 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: Dog Date: 1/4/11

Operator Name: Pharyn Resources, LLC Lease Name: Brownrigg Well #: 57
 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	540.0	+370

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List All E. Logs Run:
Gamma Ray/Neutron/CCL

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	22.0'	Portland	8	NA
Production	5 5/8"	2 7/8"	NA	598.0'	50/50 Poz	73	See Service Ticket

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 (Amount and Kind of Material Used)	Depth
2 spf	540.0-563.0 - 49 perms - 2" DML RTG	Spot 75 gallons 15% HCL acid	At Perfs
		130 bbls City H2O	"
		300# 20/40 Brady Sand	"
		3700# 12/20 Brady Sand	"

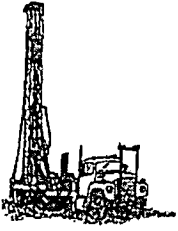
TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR: 8/6/10

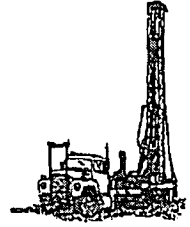
Producing Method: Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	1.5	NA	NA		

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) <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 #: 15-107-24188-00-00	
Operator: Phayrn Resources, LLC.		Lease: Brownrigg	
Address: 15621 W. 87 th Lenexa, KS		Well #: 57	
Phone: 913-669-2253		Spud Date: 07/19/10 Completed: 07/19/10	
Contractor License: 32079		Location: NE-SW-SW-NW of 30-20-22E	
T.D.: 601	T.D. of Pipe: 598	3140	Feet From South
Surface Pipe Size: 7"	Depth: 22'	4630	Feet From East
Kind of Well: Oil		County: Linn	

Set 22' of 7" surface casing, cemented to surface with 8sx Portland Cement

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
5	Soil	0	5	3	Lime	470	473
8	Clay	5	13	2	Black Shale	473	475
2	Gravel	13	15	13	Shale	475	488
19	Shale	15	34	1	Lime	488	489
8	Lime	34	42	26	Shale	489	515
6	Shale	42	48	3	Shale w/ oil sand	515	518
38	Lime	48	86	5	Shale	518	523
4	Shale	86	90	21	Oil Sand	523	544
3	Black Shale	90	93	6	Sand w/ Dark sand	544	550
23	Lime	96	116	20	Broken Oil Sand	550	570
5	Shale	116	121	31	Shale	570	601
12	Lime	121	133				
171	Shale	133	304				
12	Lime	304	316				
4	Shale	316	320				
10	Lime	320	330				
4	Shale	330	334				
10	Lime	334	344				
39	Shale	344	383				
10	Lime	383	393				
4	Shale	393	397				
3	Lime	397	400				
8	Shale	400	408				
4	Lime	408	412				
29	Shale	412	441				
8	Lime	441	449				
17	Shale	449	466				
1	Lime	466	467				
3	Shale	467	470				

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T.D. 601
T.D. of Pipe 598



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER 27021
LOCATION Ottawa, KS
FOREMAN Carey Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/22/10	6337	Brownrigg #57	NW 30	20	22	LN
CUSTOMER <u>Pharyn Resources</u>						
MAILING ADDRESS <u>15621 W 87th</u>						
CITY <u>Lenexa</u>		STATE <u>KS</u>	ZIP CODE <u>66219</u>			
		TRUCK #	DRIVER	TRUCK #	DRIVER	
		389	CarKen	CK		
		368	KenHam	KH		
		510	CecPar	CHP		
		370	Cholan	CWL		

JOB TYPE longstring HOLE SIZE 5 5/8" HOLE DEPTH 597' CASING SIZE & WEIGHT 2 7/8" EOE
 CASING DEPTH 593' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 2 1/2" rubber plugs
 DISPLACEMENT 3.45 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 160# Premium Gel followed by 10 bbls fresh water, mixed & pumped 73 sks 50/50 Pozmix cement w/ 2% Premium Gel + 1/2# PhenoSeal per sk, cement to surface, flushed pump clean, displaced 2 2 1/2" rubber plugs to casing TD with 3.45 bbls fresh water, pressured to 700 PSI, released pressure to set float valve, shut in casing.

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE cement pump		925.00
5406	35 miles	MILEAGE pump truck		127.75
5407A	1/2 minimum 107.31	ton mileage	126.77	105.00
5502C	1 1/2 hrs	80 bbl Vac Truck		150.00
1124	71 sks	50/50 Pozmix cement		698.64
1118B	223 #	Premium Gel		44.60
1107A	37 #	PhenoSeal		42.55
4402	2	2 1/2" rubber plug RECEIVED		46.00
				DEC 23 2010
				KCC WICHITA
				WD# 235460
				6.3%
			SALES TAX	52.40
			ESTIMATED TOTAL	2117.94

Revin 3737

AUTHORIZATION No Co. Rep. on location TITLE _____ DATE 2/15/11

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.