

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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KCC WICHITA

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 #: _____

<u>7/13/2010</u>	<u>7/13/2010</u>	<u>7/13/2010</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 107-24198-0000

Spot Description: _____

NW_NE_SW_NW Sec. 30 Twp. 20 S. R. 22 East West

3,649 Feet from North / South Line of Section

4,500 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Linn

Lease Name: Brownrigg Well #: 67

Field Name: Goodrich-Parker

Producing Formation: Squirrel

Elevation: Ground: 928 est Kelly Bushing: NA

Total Depth: 603.0 Plug Back Total Depth: 599.0

Amount of Surface Pipe Set and Cemented at: 21.0 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 599.0

feet depth to: surface w/ 77 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: 12/6/10

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: Alg Date: 1/5/11

Operator Name: Pharyn Resources, LLC Lease Name: Brownrigg Well #: 67
 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Gamma Ray/Neutron/CCL	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Squirrel</td> <td>536.0</td> <td>+392</td> </tr> </table> <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> RECEIVED DEC 23 2010 KCC WICHITA </div>	Name	Top	Datum	Squirrel	536.0	+392
Name	Top	Datum					
Squirrel	536.0	+392					

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	21.0'	Portland	8	NA
Production	5 5/8"	2 7/8"	NA	599.0'	50/50 Poz	77	See Service Ticket

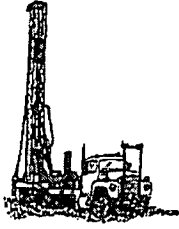
ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
2 spf	536.0-540.0 - 9 perms - 2" DML RTG		
2 spf	544.0-552.0 - 17 perms - 2" DML RTG		

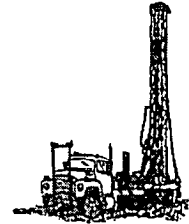
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR. Pending Permit	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbls. NA	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 <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" 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: _____ _____
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LEIS OIL SERVICES



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

Operator License #: 34349	API #: 15-107-24198-00-00
Operator: Pharyn Resources, LLC.	Lease: Brownrigg
Address: 15621 87 th Lenexa, KS	Well #: 67
Phone: 913-669-2235	Spud Date: 7/13/10 Completed: 7/13/10
Contractor License: 32079	Location: NE-NW-SW-NW of 30-20-22E
T.D. : 603 T.D. of Pipe: 599	3635 Feet From South
Surface Pipe Size: 7" Depth: 21'	4455 Feet From East
Kind of Well: Oil	County: Linn

Set 21' of 7" surface casing, cemented to surface with 8sx Portland Cement

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
4	Soil	0	4	2	Shale w/ oil sand	519	521
11	Clay	4	15	7	Shale	521	528
1	Gravel	15	16	22	Oil Sand	528	550
25	Shale	16	41	10	Shale w/ sand	550	560
9	Lime	41	50	10	Dark Sand w/ oil	560	570
6	Shale	50	56	33	Shale	570	603
37	Lime	56	93				
2	Shale	93	95				
5	Black Shale	95	100				
24	Lime	100	124				
5	Shale	124	129				
3	Lime	129	132				
2	Shale	132	134				
7	Lime	134	141				
175	Shale	141	316		T.D.		603
22	Lime	316	338				
50	Shale	338	388		T.D. of Pipe		599
8	Lime	388	396				
7	Shale	396	403				
2	Lime	403	405				
8	Shale	405	413				
5	Lime	413	418				
28	Shale	418	446				
8	Lime	446	454				
18	Shale	454	472				
6	Lime	472	478				
33	Shale	478	511				
4	Shale w/ oil sand	511	515				
4	Shale	515	519				

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CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 26983
LOCATION Ottawa KS
FOREMAN Fred Maden

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/14/10	6337	Brownrigg # 67	NW 30	20	22	LN
CUSTOMER Pharyn Resources LLC			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 15621 W 187th St. Ste 262			506	Fred		
CITY Lenexa			368	Ken		
STATE KS			503	Cecil		
ZIP CODE			505/7106	Arken		

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 603' CASING SIZE & WEIGHT _____
 CASING DEPTH 599' DRILL PIPE _____ TUBING 2 7/8 EUE OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING 2 1/2" Plug
 DISPLACEMENT 3.5BB DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Establish circulation. Mix Pump 100# Premium Gel
Flush. Mix + Pump 77 Sks 50/50 Poz Mix Cement 2% Gel + 1/2# Pheno Seal per sack. Remant to surface. Flush pump + lines clean. Displaced 2.2 hrs Rubber plugs in casing TD w/ 3.5BB. Fresh water. Pressure to 700 psi. Release pressure to set float valve. Shut in casing.

Fred Maden

John Leis Drilling

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE <u>Cement Pump</u>		925 ⁰⁰
5406	- 0 -	MILEAGE <u>Truck on lease</u>		N/C
5402	599'	<u>Casing Footage</u>		N/C
5407A	113.19	<u>Ton Miles</u>		135 ⁸³
5501C	1 1/2 hrs	<u>Transport</u>	RECEIVED DEC 2	168 ⁰⁰
1124	75 Sks	<u>50/50 Poz Mix Cement KCC WICHITA</u>		738 ⁰⁰
1115B	229#	<u>Premium Gel</u>		45 ⁸⁰
1107A	39#	<u>Pheno Seal</u>		44 ⁸⁵
4402	2	<u>2 1/2" Rubber Plugs</u>		46 ⁰⁰
				RECEIVED DEC 23 2010 KCC WICHITA
				WDT# 235259
				6.3%
SALES TAX ESTIMATED TOTAL				55 ¹¹ 2158.59

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.