

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 #: _____

<u>7/14/2010</u>	<u>7/14/2010</u>	<u>7/14/2010</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 107-24199-0000

Spot Description: _____
NW_NE_SW_NW Sec. 30 Twp. 20 S. R. 22 East West
3,662 Feet from North / South Line of Section
4,224 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Linn

Lease Name: Brownrigg Well #: 68

Field Name: Goodrich-Parker

Producing Formation: Squirrel

Elevation: Ground: 929 est Kelly Bushing: NA

Total Depth: 603.0 Plug Back Total Depth: 599.0

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: 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: Plg Date: 1/10/11

Operator Name: Pharyn Resources, LLC Lease Name: Brownrigg Well #: 68
 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 Name Top Datum Squirrel 527.0 +402 <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> RECEIVED DEC 23 2010 KCC WICHITA </div>
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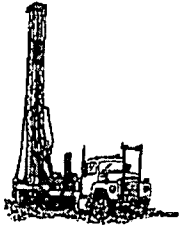
CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	9 7/8"	7"	NA	23.0'	Portland	8	NA
Production	5 5/8"	2 7/8"	NA	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				

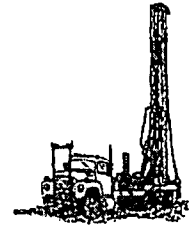
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
2 spf	527.0-537.0 - 21 perms - 2" DML RTG		
2 spf	554.0-564.0 - 21 perms - 2" DML RTG		

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 #: 15-107-24199-00-00	
Operator: Pharyn Resources, LLC.		Lease: Brownrigg	
Address: 15621 87 th Lenexa, KS		Well #: 68	
Phone: 913-669-2235		Spud Date: 7/14/10 Completed: 7/14/10	
Contractor License: 32079		Location: NE-NE-SW-NW of 30-20-22E	
T.D. : 603	T.D. of Pipe: 599	3635	Feet From South
Surface Pipe Size: 7"	Depth: 23'	4125	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
4	Soil	0	4	36	Shale	479	515
9	Clay	4	13	6	Shale w/ oil sand	515	521
5	Gravel	13	18	6	Shale	521	527
22	Shale	18	40	14	Oil Sand	527	541
7	Lime	40	47	3	Sandy Shale	541	544
7	Shale	47	54	6	Dark Shale w/ oil	544	550
37	Lime	54	91	20	Oil Sand	550	570
3	Shale	91	94	35	Shale	570	605
2	Black Shale	94	96				
26	Lime	96	122				
5	Shale	122	127				
3	Lime	127	130				
3	Shale	130	133				
10	Lime	133	143				
164	Shale	143	307				
4	Lime	307	311				
13	Shale	311	324				
8	Lime	324	332				
54	Shale	332	386				
16	Lime	386	402				
10	Shale	402	412				
2	Lime	412	414				
27	Shale	414	443				
7	Lime	443	450				
19	Shale	450	469				
1	Lime	469	470				
2	Black Shale	470	472				
4	Lime	472	476				
3	Black Shale	476	479				

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T.D.

~~605~~

603

T.D. of Pipe

~~601~~

594



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 27004

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
7/14/10	6337	Brownrigg # 68	NW 30	20	22	LN
CUSTOMER Pharyn Resources LLC						
MAILING ADDRESS 15621 W 87 th St Ste 262						
CITY Geneva	STATE KS	ZIP CODE 66219				
			TRUCK #	DRIVER	TRUCK #	DRIVER
			506	Fred		
			368	Ken		
			503	Cecil		
			505/1106	Arlon		

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 600 CASING SIZE & WEIGHT _____
 CASING DEPTH 601 DRILL PIPE _____ TUBING 2 1/8" EUE OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING 2 1/2" Plug
 DISPLACEMENT 3.5 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 45 PM

REMARKS: Establish circulation. Mix + Pump 100 # Premium Gel Flush. Mix + Pump 77 sks. 50/50 Por mix cement 2% Gel 1/2" Pheno Seal per sack. Cement to surface. Flush pump + lines clean. Displace 2 1/2" Rubber plugs to casing TD w/ 3.5 BBL Fresh water. Pressure to 500 # PSI. Release pressure to set float valve. Shut in casing.

Fred Mader

John Heis 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>Trucks on lease</u>		N/C
5402	601	<u>Casing Footage</u>		N/C
5407A	113.19	<u>Ton Miles</u>	RECEIVED	135 ⁸³
5501C	1 1/2 hrs	<u>Transport</u>	DEC 2:	168.00
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1124	75 sks	<u>50/50 Por Mix Cement</u>		738 ⁰⁰
1118B	229 #	<u>Premium Gel</u>		45 ⁶⁰
1107A	39 #	<u>Pheno Seal</u>		44 ⁵⁵
4402	2	<u>2 1/2" Rubber Plugs</u>		46 ⁰⁰
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KCC WICHITA				
WO # 235264				
6.3%				
SALES TAX				55 ⁴
ESTIMATED TOTAL				2158.59

Flavin 3737

AUTHORIZATION

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.