

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.): \_\_\_\_\_

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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 #: \_\_\_\_\_

7/22/2010    7/22/2010    7/22/2010

Spud Date or    Date Reached TD    Completion Date or  
Recompletion Date    Recompletion Date

API No. 15 - 107-24201-0000

Spot Description: \_\_\_\_\_

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

3,295 Feet from  North /  South Line of Section

4,507 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE     NW     SE     SW

County: Linn

Lease Name: Brownrigg Well #: 70

Field Name: Goodrich-Parker

Producing Formation: Squirrel

Elevation: Ground: 911 est Kelly Bushing: NA

Total Depth: 604.0 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/ 67 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: [Signature]

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: [Signature] Date: 1/10/11

Operator Name: Pharyn Resources, LLC Lease Name: Brownrigg Well #: 70  
 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)

List All E. Logs Run:

**Gamma Ray/Neutron/CCL**

Log Formation (Top), Depth and Datum  Sample

Name Top Datum  
 Squirrel 542.0 +369

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CASING RECORD  New  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	67	See Service Ticket

ADDITIONAL CEMENTING / SQUEEZE RECORD

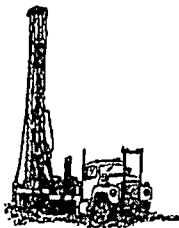
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

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	542.0-548.0 - 13 perfs - 2" DML RTG		
2 spf	554.0-562.0 - 17 perfs - 2" DML RTG		

TUBING RECORD: Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

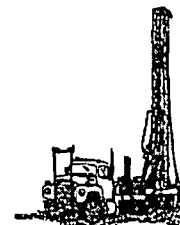
Date of First, Resumed Production, SWD or ENHR. <b>Pending Permit</b>	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____
Estimated Production Per 24 Hours	Oil Bbls. <b>NA</b> Gas Mcf <b>NA</b> Water Bbls. <b>NA</b> 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



<b>Operator License #:</b> 34349	<b>API #:</b> 15-107-24200-00-00
<b>Operator:</b> Pharyn Resources, LLC.	<b>Lease:</b> Brownrigg
<b>Address:</b> 15621 87 <sup>th</sup> Lenexa, KS	<b>Well #:</b> 70
<b>Phone:</b> 913-669-2235	<b>Spud Date:</b> 7/22/10 <b>Completed:</b> 7/22/10
<b>Contractor License:</b> 32079	<b>Location:</b> SW-NE-SW-NW of 30-20-22E
<b>T.D. :</b> 604 <b>T.D. of Pipe:</b> 599	3305 <b>Feet From</b> <b>South</b>
<b>Surface Pipe Size:</b> 7" <b>Depth:</b> 21'	4455 <b>Feet From</b> <b>East</b>
<b>Kind of Well:</b> Oil	<b>County:</b> Linn

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

## LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
6	Soil	0	6	16	Shale	466	482
6	Clay	6	12	2	Lime	482	484
2	Gravel	12	14	32	Shale	484	516
19	Shale	14	33	20	Broken Oil Sand	516	536
7	Lime	33	40	8	Oil Sand	536	544
6	Shale	40	46	9	Sandy Shale	544	553
37	Lime	46	83	4	Oil Sand	553	557
3	Shale	83	86	3	Sand w/ odor	557	560
3	Black Shale	86	89	44	Shale	560	604
4	Lime	89	93				
7	Shale	93	100				
16	Lime	100	116				
4	Black Shale	116	120				
3	Lime	120	123				
3	Shale	123	126		<b>T.D.</b>		<b>604</b>
8	Lime	126	134				
180	Shale	134	314		<b>T.D. of Pipe</b>		<b>599</b>
14	Lime	314	328				
50	Shale	328	378				
2	Black Shale	378	380				
16	Lime	380	396				
9	Shale	396	405				
3	Lime	405	408				
30	Shale	408	438				
9	Lime	438	447				
14	Shale	447	461				
1	Lime	461	462				
2	Shale	462	464				
2	Lime	464	466				

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**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 26898  
LOCATION Off Highway K1  
FOREMAN Jim Green

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
7-23-10	6337	Brown 199 #70	NW 30	20	22	2N
CUSTOMER Phayn Resources LLC						
MAILING ADDRESS 15621 W 87 <sup>th</sup> Sec 262						
CITY Lenexa		STATE Ks	ZIP CODE 66219			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			389	Jim Green	56	
			368	Ken Ham	KH	
			370	Chy Lee	GL	
			348	Tom Ward	AW	

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 604' CASING SIZE & WEIGHT 2 1/2"  
CASING DEPTH 595' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Establish circulation, mix and pump 100' bed to flush hole, mix and pump 67 sk 50/50 pot mix cement, 1/2" phenoseal. Flush pump clear of cement. Pump 2 1/2" rubber plugs to total depth of casing circulating cement to surface. Pressure well up to 700' PSE. Well held, set float shut valve in cement bed 2' to gel

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	One	PUMP CHARGE Cement Pump 1 of 2 wells		925.00
5406	35 = 2	MILEAGE Pump 7K 1/2		167.88
5402	595'	Casing footage		N/C
5502C	1.5 HRT	Vac 7K		150.00
5402A	1/2 min	Bulk Ton Mileage		157.50
1124	67 sk	50/50 Pot Mix Cement		639.60
1107A	38"	Phenoseal		37.95
4402	2	2 1/2" Rubber Plugs		46.00
1118B	225"	Premium Gel		45.00
		WD# 235537		
		KCC WICHITA		
		SALES TAX		48.42
		ESTIMATED TOTAL		2113.35

Ravin 3737

AUTHORIZATION Tracy 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.