

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 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 #: _____

8/02/2010 8/02/2010 8/02/2010

Spud Date or Date Reached TD Completion Date or

Recompletion Date Recompletion Date

API No. 15 - 107-24203-0000

Spot Description: _____

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

3,281 Feet from North / South Line of Section

3,890 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Linn

Lease Name: Brownrigg Well #: 72

Field Name: Goodrich-Parker

Producing Formation: Squirrel

Elevation: Ground: 923 est Kelly Bushing: NA

Total Depth: 605.0 Plug Back Total Depth: 601.0

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: 601.0

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: 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: Dg Date: 1/10/11

Operator Name: Pharyn Resources, LLC Lease Name: Brownrigg Well #: 72
 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 541.0 +382 <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	21.0'	Portland	8	NA
Production	5 5/8"	2 7/8"	NA	601.0'	50/50 Poz	67	See Service Ticket

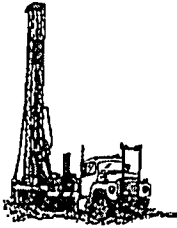
ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
2 spf	541.0-551.0 - 21 perfs - 2" DML RTG		
2 spf	553.0-555.0 - 5 perfs - 2" DML RTG		

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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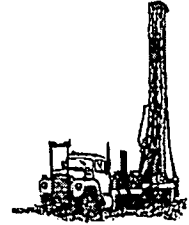
Date of First, Resumed Production, SWD or ENHR. Pending Permit		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbls. NA	Gas Mcf NA	Water Bbls. 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 #: 15-107-24203-00-00	
Operator: Pharyn Resources, LLC.		Lease: Brownrigg	
Address: 15621 87 th Lenexa, KS		Well #: 72	
Phone: 913-669-2235		Spud Date: 08/02/10 Completed: 08/02/10	
Contractor License: 32079		Location: SE-NE-SW-NW of 30-20-22E	
T.D. : 605	T.D. of Pipe: 601	3305	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
8	Soil	0	8	14	Oil Sand	541	555
4	Clay	8	12	2	Dark Shale	555	557
2	Gravel	12	14	13	Shale	557	570
12	Shale	14	26	1	Lime	570	571
8	Lime	26	34	34	Shale	571	605
8	Shale	34	42				
38	Lime	42	80				
3	Shale	80	83		RECEIVED		
4	Black Shale	83	87		DEC 23 2010		
42	Lime	87	129		KCC WICHITA		
165	Shale	129	294				
10	Lime	294	304				
3	Shale	304	307				
10	Lime	307	317				
54	Shale	317	371		T.D.		605
23	Lime	371	394				
6	Shale	394	400		T.D. of Pipe		601
4	Lime	400	404				
30	Shale	404	434				
7	Lime	434	441				
17	Shale	441	458				
2	Lime	458	460				
1	Shale	460	461				
2	Lime	461	463				
3	Black Shale	463	466				
44	Shale	466	510				
14	Shale w/ sand	510	524				
15	Oil Sand	524	539				
2	Shale	539	541				



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 27003
LOCATION Alan Made
FOREMAN Ottang

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
8-4-10	6337	Brownrigs 72	NW 30	20	22	LN
CUSTOMER Pharyn Resources			TRUCK #			
MAILING ADDRESS 15621 W 87th Ste 262			516	Alan M	Safety Meeting	
CITY Lenexa			164	Arlen M	Adm	
STATE KS			370	Derek M	DM	
ZIP CODE 66219			510	Chuck L	CL	
JOB TYPE Long string	HOLE SIZE 5 7/8	HOLE DEPTH 605	CASING SIZE & WEIGHT 2 7/8			
CASING DEPTH 601	DRILL PIPE	TUBING	OTHER			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING yes			
DISPLACEMENT 3 1/2	DISPLACEMENT PSI 800	MIX PSI 200	RATE 4 bpm			
REMARKS: Held crew meeting. Mixed & pumped 100# gel to flush hole. Mixed & pumped 67 sk 50150 po2 276 gel, 1/2# pheno seal. Circulated cement. Flushed pump. Pumped 2 rubber plugs to casing TD. Well held 800 PSI. Closed valve.						

Alan Made

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		925.00
5406	35	MILEAGE		127.75
5402	601'	casing footage		—
5407	1/2 min	ton mileage		157.50
5502C	2	80 vac		200
RECEIVED DEC 23 2010 KCC WICHITA				
1107A	34#	Pheno seal		39.10
1118B	213#	gel		42.60
1124	65	50150 po2		439.60
4402	2	2 1/2 plugs		42.00
WO# 235922				
SALES TAX				48.33
ESTIMATED TOTAL				2225.88

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.