

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 #: _____

6/30/2010 6/30/2010 ~~6/30/2010~~ 7/2/10
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 107-24196-0000
Spot Description: _____
NW NW SW NW Sec. 30 Twp. 20 S. R. 22 East West
3,739 Feet from North / South Line of Section
5,010 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Linn
Lease Name: Brownrigg Well #: 65
Field Name: Goodrich-Parker
Producing Formation: Squirrel
Elevation: Ground: 937 est Kelly Bushing: NA
Total Depth: 605.0' Plug Back Total Depth: 601.0'
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: 601.0
feet depth to: surface w/ 65 sx cnt.

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: 12/27/10

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: Dig Date: 1/4/11

Operator Name: Pharyn Resources, LLC Lease Name: Brownrigg Well #: 65
 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>539.0</td> <td>+398</td> </tr> </table>	Name	Top	Datum	Squirrel	539.0	+398
Name	Top	Datum					
Squirrel	539.0	+398					

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	601.0'	50/50 Poz	65	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				

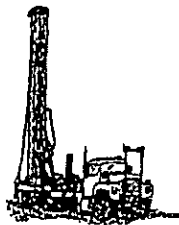
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
2 spf	539.0-544.0 - 11 perfs - 2" DML RTG	Spot 75 gallons 15% HCL acid	At Perfs
2 spf	563.0-570.0 - 15 perfs - 2" DML RTG	117 bbls City H2O	"
		300# 20/40 Brady Sand	"
		2200# 12/20 Brady Sand	"

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR. 9/10/10	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____
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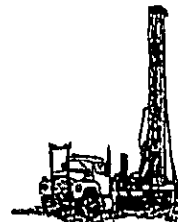
Estimated Production Per 24 Hours	Oil Bbls. 2.0	Gas Mcf NA	Water Bbls. NA	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</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 #: 15-107-24196-00-00	
Operator: Pharyn Resources, LLC.		Lease: Brownrigg	
Address: 15621 87 th Lenexa, KS		Well #: 65	
Phone: 913-669-2235		Spud Date: 6/30/10 Completed: 6/30/10	
Contractor License: 32079		Location: NE-NW-SW-NW of 30-20-22E	
T.D. : 605	T.D. of Pipe: 601	3800	Feet From South
Surface Pipe Size: 7"	Depth: 23'	4945	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	3	Black Shale	485	488
8	Clay	4	12	14	Shale	488	502
36	Shale	12	48	2	Lime	502	504
9	Lime	48	57	3	Black Shale	504	507
7	Shale	57	64	31	Shale	507	538
36	Lime	64	100	15	Oil Sand	538	552
7	Shale	100	107	11	Sandy Shale	553	564
5	Lime	107	112	3	Oil Sand	564	567
3	Shale	112	115	21	Sandy Shale	567	588
14	Lime	115	129	1	Lime	588	589
3	Shale	129	132	16	Shale	589	605
16	Lime	132	148				
167	Shale	148	315				
15	Lime	315	330				
2	Shale	330	332		T.D.		605
10	Lime	332	342				
51	Shale	342	393		T.D. of Pipe		601
3	Black Shale	393	396				
9	Lime	396	405				
6	Shale	405	411				
1	Lime	411	412				
9	Shale	412	421				
4	Lime	421	425				
30	Shale	425	455				
7	Lime	455	462				
18	Shale	462	480				
2	Lime	480	482				
1	Shale	482	483				
2	Lime	483	485				

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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 26963
LOCATION Ottawa
FOREMAN Alan Made

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	
7-2-10	6337	Brownrigg #65	NW 30	20	22	LN	
CUSTOMER Pharyn Resources			TRUCK #	DRIVER	TRUCK #	DRIVER	
MAILING ADDRESS 15621 W 87th			516	Alan M. Safety		Meeting	
CITY Lenexa			164	Alan M. Safety			
STATE KS			369	Chuck L.			
ZIP CODE 66219			510	Tim W.			
JOB TYPE	long string	HOLE SIZE	5 5/8	HOLE DEPTH	605	CASING SIZE & WEIGHT	2 1/8
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	100	RATE	4 bpm
REMARKS: Held crew meeting. Established rate. Mixed & pumped 100# gel to flush hole. Mixed & pumped 65 sk 50/50 poz 20 gel, 1/2# pheno seal. Circulated cement. Flushed pump. Pumped 2 plugs to casing TD. Well held 800 PSI. Set float. Closed valve.							

Alan Made

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		925.00
5406	40	MILEAGE		146.00
5402	601'	Casing footage		
5407A	109.30	ton mileage		131.04
5502C	1	80 val		100.00
1107A	33#	Pheno seal	RECEIVED	37.95
1118B	209#	gel	DEC 20 2010	41.80
1124	635K	50/50 poz		619.92
1402	2	1/2 plug	KCC WICHITA	46.00
		WD # 235114		
			4.3%	SALES TAX
				ESTIMATED
				TOTAL

Ravin 3737

AUTHORIZATION *J. [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.