

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 #: _____

8/13/2010	8/13/2010	8/13/2010
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 107-24194-0000
Spot Description: _____
SW SE SW NW Sec. 30 Twp. 20 S. R. 22 East West
2,903 Feet from North / South Line of Section
4,357 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Linn
Lease Name: Brownrigg Well #: 63
Field Name: Goodrich-Parker
Producing Formation: Squirrel
Elevation: Ground: 909 est Kelly Bushing: NA
Total Depth: 600.0' Plug Back Total Depth: 595.0'
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: 595.0
feet depth to: surface w/ 72 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: _____
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: Dlg Date: 1/4/11

Operator Name: Pharyn Resources, LLC Lease Name: Brownrigg Well #: 63
 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)

Log Formation (Top), Depth and Datum Sample

Name	Top	Datum
Squirrel	542.0	+367

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List All E. Logs Run:
Gamma Ray/Neutron/CCL

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	595.0'	50/50 Poz	72	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				

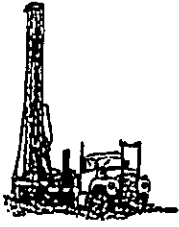
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
2 spf	542.0-546.0 - 9 perfs - 2" DML RTG	Spot 75 gallons 15% HCL acid	At Perfs
2 spf	548.0-552.0 - 9 perfs - 2" DML RTG	120 bbls City H2O	"
2 spf	564.0-566.0 - 5 perfs - 2" DML RTG	300# 20/40 Brady Sand	"
		2700# 12/20 Brady Sand	"

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

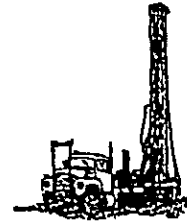
Date of First, Resumed Production, SWD or ENHR. 9/10/10 Producing Method: Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	1.0	NA	NA		

DISPOSITION OF GAS:	METHOD OF COMPLETION:	PRODUCTION INTERVAL:
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<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) _____	_____ _____



LEIS OIL SERVICES



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

Operator License #: 34349		API #: 15-107-24194-00-00	
Operator: Phayrn Resources, LLC.		Lease: Brownrigg	
Address: 15621 W. 87 th Lenexa, KS		Well #: 63	
Phone: 913-669-2253		Spud Date: 08/13/10 Completed: 08/13/10	
Contractor License: 32079		Location: SW-SE-SW-NW of 30-20-22E	
T.D. : 600	T.D. of Pipe: 595	2815	Feet From South
Surface Pipe Size: 7"	Depth: 21'	4300	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	6	Sand w/ Shale	552	558
2	Clay	8	10	9	Sandy Shale	558	567
6	Gravel	10	16	3	Dark Shale	567	570
14	Shale	16	30	1	Lime	570	571
11	Lime	30	41	29	Shale	571	600
8	Shale	41	49	RECEIVED DEC 28 2010 KCC WICHITA			
35	Lime	49	84				
3	Shale	84	87				
5	Black Shale	87	92				
42	Lime	92	134				
165	Shale	134	299				
29	Lime	299	328				
55	Shale	328	383				
6	Lime	383	389				
11	Shale	389	400		T.D.		600
4	Lime	400	404				
6	Shale	404	410		T.D. of Pipe		595
4	Lime	410	414				
26	Shale	414	440				
13	Lime	440	453				
17	Shale	453	470				
1	Lime	470	471				
3	Shale	471	474				
3	Lime	474	477				
20	Shale	477	497				
2	Black Shale	497	499				
24	Shale	499	523				
23	Oil Sand w/ Shale	523	546				
9	Oil Sand	546	552				



CONSOLIDATED
Off Well Services, LLC

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

TICKET NUMBER 27101

LOCATION Ottawa, KS

FOREMAN Cory Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8/13/10	6337	Brownrigg # 63	NW 30	20	22	LN
CUSTOMER Pharyn Resources						
MAILING ADDRESS 15621 W. 87th Ste 2602						
CITY Lenexa		STATE KS	ZIP CODE 66219			
		TRUCK #	DRIVER	TRUCK #	DRIVER	
		389	Casey	dc		
		368	Ken Ham	KH		
		503	Chu Lam	cwl		
		505-Tide	Cec Par	CHP		

JOB TYPE Gasstring HOLE SIZE 5 7/8" HOLE DEPTH 600' CASING SIZE & WEIGHT 2 7/8" EVE
 CASING DEPTH 595' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2-2 1/2" rubber plugs
 DISPLACEMENT 3.46 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 100# Premium Gel followed by 10 bbls fresh water, mixed & pumped 72 sks 50/50 Pozmix cement w/ 2% Premium Gel + 1/2# Phenoseal per sk, cement to surface, flushed pump clean, displaced 2-2 1/2" rubber plugs to casing ID w/ 3.46 bbls fresh water, pressured to 700 PSI, released pressure to set float valve, shut in casing.

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DEC 28 2010

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ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE cement pump		925.00
5406	—	MILEAGE pump truck		—
5407	1/2 minimum	ton mileage		157.50
5501C	1.5 hrs	water transport		168.00
1124	71 sks	50/50 Pozmix cement		698.64
1118B	221 #	Premium Gel		44.20
1107A	36 #	Phenoseal		41.40
4402	2			46.00
<u>wdt# 235955</u>				
			6.3%	SALES TAX 52.30
				ESTIMATED TOTAL 2133.04

Ravin 3737

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.