

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 #: _____

8/16/2010 8/16/2010 8/16/2010 9/5/10
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date Est 9

API No. 15 - 107-24193-0000
Spot Description: _____
SE SW NW Sec. 30 Twp. 20 S. R. 22 East West
2,856 Feet from North / South Line of Section
4,625 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Linn
Lease Name: Brownrigg Well #: 62
Field Name: Goodrich-Parker
Producing Formation: Squirrel
Elevation: Ground: 913 est Kelly Bushing: NA
Total Depth: 601.0' Plug Back Total Depth: 596.0'
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: 596.0
feet depth to: surface w/ 71 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: 12/27/10

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: DJG Date: 1/4/10

Operator Name: Pharyn Resources, LLC Lease Name: Brownrigg Well #: 62
 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>550.0</td> <td>+363</td> </tr> </table> <div style="text-align: center; font-weight: bold; font-size: 1.2em; margin-top: 20px;"> RECEIVED DEC 28 2010 KCC WICHITA </div>	Name	Top	Datum	Squirrel	550.0	+363
Name	Top	Datum					
Squirrel	550.0	+363					

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	596.0'	50/50 Poz	71	See Service Ticket

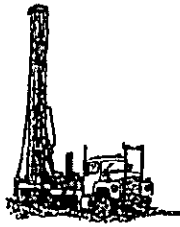
ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

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	550.0-553.0 - 7 perfs - 2" DML RTG	Spot 75 gallons 15% HCL acid	At Perfs
2 spf	559.0-564.0 - 11 perfs - 2" DML RTG	100 bbls City H2O	"
		300# 20/40 Brady Sand	"
		2200# 12/20 Brady Sand	"

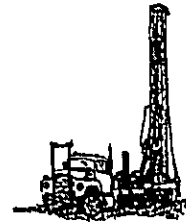
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR. 9/10/10	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____				
Estimated Production Per 24 Hours	Oil Bbls. 1.0	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 #: 15-107-24193-00-00	
Operator: Phayrn Resources, LLC.		Lease: Brownrigg	
Address: 15621 W. 87 th Lenexa, KS		Well #: 62	
Phone: 913-669-2253		Spud Date: 08/16/10 Completed: 08/16/10	
Contractor License: 32079		Location: SE-SW-SW-NW of 30-20-22E	
T.D. : 601	T.D. of Pipe: 596	2815	Feet From South
Surface Pipe Size: 7"	Depth: 21'	4630	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	2	Black Shale	499	501
6	Clay	8	14	13	Shale	501	514
2	Gravel	14	16	4	Shale w/ odor	514	518
17	Shale	16	33	6	Shale	518	524
9	Lime	33	42	6	Oil Sand	524	530
6	Shale	42	48	3	Shale	530	533
38	Lime	48	86	6	Shale w/ oil Sand	533	539
4	Shale	86	90	21	Shale	539	560
3	Black Shale	90	93	6	Oil Sand	560	566
23	Lime	93	116	35	Shale	566	601
4	Shale	116	120				
13	Lime	120	133				
169	Shale	133	302				
16	Lime	302	318				
3	Shale	318	321				601
9	Lime	321	330				
55	Shale	330	385				
16	Lime	385	401				596
10	Shale	401	411				
7	Lime	411	418				
27	Shale	418	445				
8	Lime	445	453				
16	Shale	453	469				
2	Lime	469	471				
2	Shale	471	473				
2	Lime	473	475				
4	Black Shale	475	479				
19	Shale	479	498				
1	Lime	498	499				

RECEIVED
 DEC 28 2010
 KCC WICHITA
 T.D.



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 27117
LOCATION Ottawa KS
FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8/24/10	6337	Brownrigg #62	NW 30	20	22	LN
CUSTOMER Phavyn Resources			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 15621 W 87th Ste 202			506	Fred	Safety	Wally
CITY Overland Park			364	Ken	HH	
STATE KS			370	Derek	JM	
ZIP CODE 66219			548	Cecil	CHP	
JOB TYPE Longstring	HOLE SIZE 5 7/8	HOLE DEPTH 601	CASING SIZE & WEIGHT 2 1/2" EUE			
CASING DEPTH 596	DRILL PIPE	TUBING	OTHER			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING 2-2 1/2" Plugs			
DISPLACEMENT 3.46	DISPLACEMENT PSI	MIX PSI	RATE 48 BPM			

REMARKS: Well sat 2 days. Circulate from drill pit. Mix + Pump 100# Premium Gel Flush. Mix + Pump 71 sks 50/50 Poz Mix Cement 290 Gel 1/2" Pheno Seal per sack. Cement to surface Flush pump + lines clean. Displace 2-2 1/2" Rubber plugs to casing TD w/ 3.46 BBL Fresh water. Pressure to 700* PSI Release pressure to set float valve. Shut in casing

John Leis Drilling Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE Cement Pump		925 ⁰⁰
5406	40 mi	MILEAGE Pump Truck		146 ⁰⁰
5402	596	Casing Footage		N/C
5407	Minimum	Ton Miles		315 ⁰⁰
5502C	2 hrs	80 BBL Vac Truck		200 ⁰⁰
1124	69 SKS	50/50 Poz Mix Cement		678 ⁹⁶
1118B	219#	Premium Gel		438 ⁰⁰
4402	2	2 1/2" Rubber Plugs		46 ⁰⁰
WO# 236153				
			6.32	SALES TAX ESTIMATED TOTAL
				4843
				2403 ¹⁹

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.