

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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

ORIGINAL

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 # 8509
Name: Evans Energy Development, Inc.
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 #: _____
11/10/2010 11/11/2010 11/11/2010
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 107-24334-0000
Spot Description: _____
SE NE SE NE Sec. 25 Twp. 20 S. R. 21 East West
3,553 Feet from North / South Line of Section
102 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Linn
Lease Name: Shikles Well #: 18
Field Name: Goodrich-Parker
Producing Formation: Mississippi
Elevation: Ground: 955 est Kelly Bushing: NA
Total Depth: 960 Plug Back Total Depth: 946
Amount of Surface Pipe Set and Cemented at: 23 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 946
feet depth to: surface w/ 123 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. _____
County: _____ Permit #: _____

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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: 9/19/2011

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: 9/27/11

Operator Name: Pharyn Resources, LLC Lease Name: Shikles Well #: 18

Sec. 25 Twp. 20 S. R. 21 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>Mississippi</td> <td>766</td> <td>+189</td> </tr> </table>	Name	Top	Datum	Mississippi	766	+189
Name	Top	Datum					
Mississippi	766	+189					

CASING RECORD <input type="checkbox"/> New <input checked="" 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	12.25"	8.625"	25	23'	Portland	8	NA
Production	6.75"	4.5"	10	946'	50/50 Poz	123	See Service Ticket

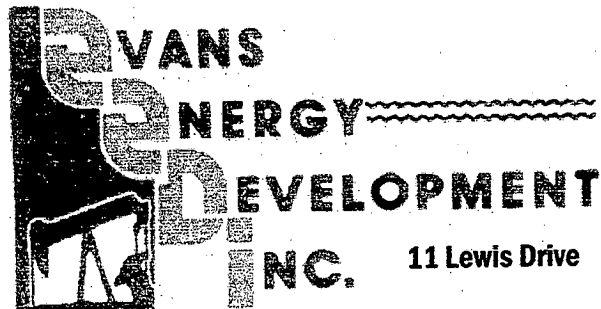
ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

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
3 spf	766.0-776.0 - 31 perfs - 3.375" DP 23 Gr. T. ECG		

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. 12/02/2010	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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11 Lewis Drive

Paola, KS 66071

Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

Pharyn Resources, LLC

Shikles #18

API#15-107-24,334

November 10 - November 11, 2010

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
13	soil & clay	13
42	shale	55
4	lime	59
6	shale	65
40	lime	105
6	shale	111
19	lime	130
7	shale	137
3	lime	140
4	shale	144
3	lime	147
3	shale	150
5	lime	155 base of the Kansas City
163	shale	318
14	lime	332
4	shale	336
15	lime	351
49	shale	400
14	lime	414
2	shale	416
2	lime	418
9	shale	427
3	lime	430
30	shale	460
7	lime	467
49	shale	516
2	lime	518
13	shale	531
6	sandy shale	537
2	broken sand	539
7	sandy shale	546
7	broken sand	553
2	sandy shale	555
11	broken sand	566
4	sandy shale	570
2	broken sand	572
8	sandy shale	580

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Shikles #18

Page 2

5	shale	585
1	coal	586
13	shale	599
2	lime	601
8	shale	609
5	sandy shale	614
112	shale	726
10	grey sand	736
2	lime	738
8	shale	746
40	grey sand	786
6	shale	792
11	grey sand	803
12	sandy shale	815
1	coal	816
11	shale	827
2	sandstone	829
24	shale	853
2	lime	855
12	shale	867
13	grey sand	880
12	shale	892
68	lime	960 Mississippi
		960 TD

Drilled a 12 1/4" hole to 22.9'.

Drilled a 6 3/4" hole to 970'.

Set 22.9' of 8 5/8" surface casing cemented with 8 sacks cement.

Set 946' of 4 1/2" casing including 3 centralizers, 1 float shoe, and 1 clamp.

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CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # 238030

Invoice Date: 11/15/2010 Terms: Page 1

PHARYN RESOURCES LLC
ATTN: BRAD KRAMER
15621 WEST 87TH ST, SUITE 262
LENEXA KS 66219
(913) 669-2253

SHIKLES 18
27247
NE 25-21-21 LN
11/12/2010
KS

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	123.00	9.8400	1210.32
1118B	PREMIUM GEL / BENTONITE	310.00	.2000	62.00
1107A	PHENOSEAL (M) 40# BAG)	63.00	1.1500	72.45
4404	4 1/2" RUBBER PLUG	1.00	45.0000	45.00

Description	Hours	Unit Price	Total
495 CEMENT PUMP	1.00	925.00	925.00
495 EQUIPMENT MILEAGE (ONE WAY)	40.00	3.65	146.00
495 CASING FOOTAGE	946.00	.00	.00
503 MIN. BULK DELIVERY	1.00	315.00	315.00
T-106 WATER TRANSPORT (CEMENT)	2.00	112.00	224.00

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Parts: 1389.77 Freight: .00 Tax: 87.56 AR 3087.33
Labor: .00 Misc: .00 Total: 3087.33
Sublt: .00 Supplies: .00 Change: .00

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 27247

LOCATION Oxtawa KS

FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT

CEMENT

PO Box 88 Chanute, KS 66720
620-431-9210 or 800-467-8676

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/12/10	6337	Shikles #18	NE 25	20	21	LN
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Pharyn Resources LLC			506	Fred	Safety Mtg	
MAILING ADDRESS			495	Casey	CK	
15621 W 87th Ste 262			503	Derck		
CITY	STATE	ZIP CODE	505/1106	Arker		
Lenexa	KS	66219				

JOB TYPE logstrip HOLE SIZE 6 3/4 HOLE DEPTH 960' CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 946' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 4 1/2" Plug
 DISPLACEMENT 15 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5BPM

REMARKS: Establish circulation. Mix + Pump 100# Premium Gel Flush.
 Mix + Pump 10 BBLs Tell tale dye Mix + Pump 125 sks
 50/50 Por Mix Cement 2 1/2 gal 1/2" Pheno Seal per sack.
 Flush pump + lines clean. Displace 4 1/2" Rubber plug to
 casing TD w/ 15 BBLs Fresh water. Pressure to 700# PSI
 Release pressure to set float valve. Check plug depth
 w/ wire line. Shut in casing

Evans Energy Dev Inc

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		925 ⁰⁰
5406	40 mi	MILEAGE		146 ⁰⁰
5402	946	Casing Footage		N/C
5407	Minimum	Ten Miles		315 ⁰⁰
5501c	2 hrs	Transport		224 ⁰⁰
1124	123 sks	50/50 Por Mix Cement		1210 ³²
1118B	310 #	Premium Gel		62 ⁰⁰
1107A	63 #	Pheno Seal		72 ⁴⁵
4404	1	4 1/2" Rubber Plug		45 ⁰⁰
			RECEIVED	
		NO# 238030	SEP 22 2011	
			KCC WICHITA	
			6.3%	SALES TAX
				ESTIMATED
				TOTAL
				87 ⁵⁶
				3087 ³³

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.