

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 # 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 #: \_\_\_\_\_  
11/08/2010      11/10/2010      11/10/2010  
Spud Date or      Date Reached TD      Completion Date or  
Recompletion Date           Recompletion Date

API No. 15 - 107-24333-0000  
Spot Description: \_\_\_\_\_  
NE SE SE NE Sec. 25 Twp. 20 S. R. 21  East  West  
2,983 Feet from  North /  South Line of Section  
115 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE       NW       SE       SW  
County: Linn  
Lease Name: Shikles Well #: 17  
Field Name: Goodrich-Parker  
Producing Formation: Squirrel  
Elevation: Ground: 926 est Kelly Bushing: NA  
Total Depth: 635 Plug Back Total Depth: 619  
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: 623  
feet depth to: surface w/ 81 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 #: \_\_\_\_\_

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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: DG Date: 9/27/11

Operator Name: Pharyn Resources, LLC Lease Name: Shikles Well #: 17

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: <b>Gamma Ray/Neutron/CCL</b>	<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>553.0</td> <td>+373</td> </tr> </table>	Name	Top	Datum	Squirrel	553.0	+373
Name	Top	Datum					
Squirrel	553.0	+373					

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"	20	23'	Portland	6	NA
Production	5 5/8"	2 7/8"	6	623.0'	50/50 Poz	81	See Service Ticket

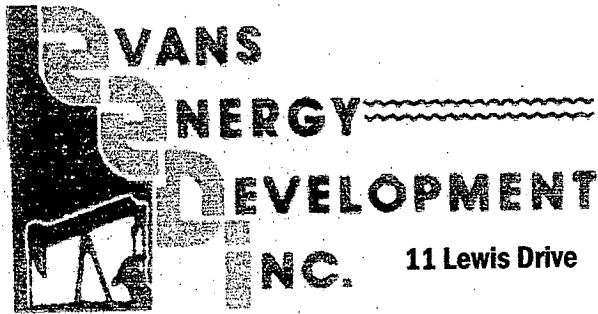
ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

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	553.0-559.0 - 19 perfs - 2" DML RTG		
3 spf	567.0-570.0 - 10 perfs - 2" DML RTG		
	Bridge Plug set at 619.0'		

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

Date of First, Resumed Production, SWD or ENHR. <b>Pending Permit</b>	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	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Oil Bbls.</td> <td style="width:25%;">Gas Mcf</td> <td style="width:25%;">Water Bbls.</td> <td style="width:25%;">Gas-Oil Ratio</td> <td style="width:20%;">Gravity</td> </tr> <tr> <td>NA</td> <td>NA</td> <td>NA</td> <td> </td> <td> </td> </tr> </table>	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity	NA	NA	NA		
Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity							
NA	NA	NA									

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. <i>(Submit ACO-5)</i> <input type="checkbox"/> Commingled <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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**EVANS  
ENERGY  
DEVELOPMENT  
INC.**

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

Shidles #17

API#15-107-24.333

November 8 - November 10, 2010

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
9	soil & clay	9
35	shale	44
2	lime	46
2	shale	48
4	lime	52
8	shale	60
36	lime	96
6	shale	102
1	coal	103 water
2	shale	105
22	lime	127
4	shale	131 black/water
2	lime	133
3	shale	136
9	lime	145
3	shale	148
7	lime	155
125	shale	280
2	lime	282
34	shale	316
6	lime	322
4	shale	326
15	lime	341
37	shale	378
6	lime	384
13	shale	397
17	lime	414
7	shale	421
18	lime	439
15	shale	454
13	lime	467
16	shale	483
2	lime	485
12	shale	497
5	lime	502
11	shale	513
2	lime	515

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5	shale	520
6	sandy shale	526
7	sandy shale	533 light odor
3	shale	536
6	sandy shale	542 light odor/show
11	broken sand	553
2	broken sand	555 good bleeding, 50% sand
3.5	broken sand	558.5 good bleeding, 70% sand
1.5	oil sand	560
10	sandy shale	570
2	oil sand	572
2	broken sand	574 good bleeding, 70% sand
5	sandy shale	579 water
0.5	limey sand	579.5
0.5	coal	580
55	shale	635 TD

Drilled a 9 7/8" hole to 22.6'.

Drilled a 5 5/8" hole to 635'.

Set 22.6' of 7" surface casing cemented with 6 sacks cement.

Set 622.8' of 2 7/8" 8 round upset tubing threaded and coupled with 3 centralizers, 1 float shoe, and 1 clamp

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## Core Times

	<u>Minutes</u>	<u>Seconds</u>		<u>Minutes</u>	<u>Seconds</u>
555		36	574	1	57
556	1	26	575		56
557	2	12	576		38
558		55	577		31
559		57	578		39
560	1	1	579		48
561	1	22	580		36
562	1	20	581		41
563	1	33	582		45
564	1	30	583	1	2
565	1	26	584	1	28
566	1	25	585	1	40
567	1	25	586	1	32
568		57	587	1	15
569	1	5	588	1	26
570	1	32	589	1	29
571	1	18	590	1	17
572	1	35	591	1	58
573	1	42	592	1	17
			593	1	55

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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 # 237950

Invoice Date: 11/11/2010 Terms:

Page 1

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

SHIKLES 17  
27217  
NE 25-20-21 LN  
11/10/2010  
KS

Part Number	Description	Qty	Unit Price	Total
1107A	PHENOSEAL (M) 40# BAG)	42.00	1.1500	48.30
1118B	PREMIUM GEL / BENTONITE	239.00	.2000	47.80
1124	50/50 POZ CEMENT MIX	81.00	9.8400	797.04
4402	2 1/2" RUBBER PLUG	2.00	23.0000	46.00

Description	Hours	Unit Price	Total
368 CEMENT PUMP	1.00	925.00	925.00
368 EQUIPMENT MILEAGE (ONE WAY)	40.00	3.65	146.00
368 CASING FOOTAGE	623.00	.00	.00
370 80 BBL VACUUM TRUCK (CEMENT)	2.50	100.00	250.00
548 MIN. BULK DELIVERY	1.00	315.00	315.00

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Parts: 939.14 Freight: .00 Tax: 59.16 AR 2634.30  
Labor: .00 Misc: .00 Total: 2634.30  
Sublt: .00 Supplies: .00 Change: .00

Signed \_\_\_\_\_ Date \_\_\_\_\_



**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 27217  
LOCATION Ottawa  
FOREMAN Alan Mader

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
11-10-10	6337	Shikles 17	NE 25	2D	21	LN
CUSTOMER Pharyn Resources			TRUCK #			
MAILING ADDRESS 15621 W 87th Ste 262			DRIVER			
CITY Lenexa			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 66219			TRUCK #			
			DRIVER			

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 630 CASING SIZE & WEIGHT 2 7/8  
CASING DEPTH 623 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING yes  
DISPLACEMENT 3.6 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held crew Meeting. Established rate. Mixed & pumped 100# gel to flush hole followed by 85 sk 50/150 puz 290 gal 1/2# pheno seal. Circulated cement. Flushed pump. Pumped 2 plugs to casing TD. Well held 800 PSI set float closed valve

Erans Energy

Alan Mader

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	623	Casing footage		—
5407	min	ten miles		315.00
5502L	2 1/2	80 vac		250.00
1102A	48#	pheno seal		48.30
M18B	239#	gel		47.80
1124	81 SK	50/150 puz		797.04
4402	2	rubber plug		46.00
<u>WD #237950</u>			RECEIVED	
			SEP 22 2011	
			KCC WICHITA	
			6.3%	SALES TAX 59.16
			ESTIMATED TOTAL <u>2634.30</u>	

Ravin 3737

AUTHORIZATION Brad Kauer TITLE \_\_\_\_\_ DATE 2634.30

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.